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The roles of parental involvement and parent-adolescent communication in adolescent sexuality

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The roles of parental involvement and parent-adolescent communication
in adolescent sexuality

by

Jennifer Lynn Fitzharris

A thesis submitted to the graduate faculty
in partial fulfillment of the requirements for the degree of
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This is to certify that the Master's thesis of

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has met the thesis requirements of Iowa State University

Signatures have been redacted for privacy

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ABSTRACT

Various influences on adolescent sexuality have been studied in the past. Previous research suggests that parents can be instrumental in an adolescent's decision to delay sexual intercourse. Past research also suggests that parent-adolescent communication about sex is associated with delayed sexual intercourse by adolescents. However, how parents are involved as well as the content of the communication process have not been studied at length. Therefore, focus groups of middle class, European American male and female adolescents and their parents were conducted. Their comments were used to determine how parents are involved in the sexual socialization of their children as well as to shed light on the content and process of communication between adolescents and parents about sex. Findings suggest that parents are influential through role modeling and monitoring of activities. Results also indicate that little communication is taking place between adolescents and parents regarding sex. Ideas are presented as to why communication is lacking along with ideas on how to broach the subject.

CHAPTER ONE

LITERATURE REVIEW

Introduction

An abundant amount of research regarding adolescent sexuality has been published in the past twenty years. Topics of adolescent sexuality research have included the onset of sexual intercourse, sexual risk behaviors, teenage pregnancy, as well as other numerous subjects. A review of the literature by Miller & Moore (1990) demonstrates the wide array research that has been conducted regarding adolescent sexuality. The onset of early intercourse is of particular interest, as one may assume that curbing early intercourse may aid in the reduction of teenage pregnancy and the transmission of STD's and AIDS. The antecedents of adolescent sexual intercourse and sexual behaviors include, but are not limited to: biological antecedents (hormonal influences), psychological antecedents (cognitive development or personality types), family antecedents (family structure and family relationships), peer antecedents (perceiving peers to be sexually active), and sociocultural antecedents (the norms and values surrounding sexuality) (Miller & Moore, 1990; Webb, 1994). These factors are some of the most often utilized when explaining the onset of adolescent sexuality.

Several studies have examined the influences of parents and peers on adolescent sexual behavior. Further, past research has also focused on the occurrence of parent-adolescent communication. There are, however, several methodological limitations to the research in the area of communication about sex and sexuality. The first concern is the manner in which communication is measured. Some studies have utilized a single global measure of communication or a dichotomous question of whether communication has taken

place. These measures assess the occurrence of communication but constrain the examination of the process and patterns of sexual discussions. The second limitation that has been found within the previous research relates to who is actually measured. Several studies opt to measure either parents or adolescents. This can pose a problem in that congruency between adolescents and parents reports of communication is often lacking (Jaccard, Dittus, & Gordon, 1998; Pick & Palos, 1995; Nolin & Peterson, 1992). Finally, many studies exclude fathers and measure only mothers and adolescents and their experiences with sexual communication.

The research question in this study intends to answer how parents are involved in adolescent sexuality and the communication process between parents and adolescents regarding sex and sexuality. This study responds to the limitations of previous research in that it is an exploratory study, which allows participants to freely recollect events and respond to open-ended questions. The current research examines both mother and fathers as well as the both male and female adolescents. The purpose of this study is to review the responses regarding parental involvement and parent-adolescent communication in order to determine how these two factors influence adolescent sexuality.

Parental Influences on Adolescent Sexuality

Although the influences on adolescent sexuality are wide, parental influences have the potential to be the most controllable source of influence. There is little control a parent can have over the friends an adolescent associates with. There is an even more limited amount of control over the biological or psychological changes an adolescent encounters and the sociological world they live in. Parents, then, are the most readily available and most easy

influential source to alter. A way of altering parental influences is to encourage them to become involved in the sexuality education of their adolescent.

Research has shown that parents do influence the sexual behaviors and attitudes of adolescents. The marital status of parents and the structure of the family have been shown to have an association with adolescent sexuality. In a longitudinal study of 803 African American adolescents, results indicated that adolescents coming from a home with both biological parents was related to the delay of sexual activity. Parents' attachment style was also found to be a factor in sexual activity, with adolescents having parents who were weakly attached being more likely to engage in early sexual intercourse (Smith, 1997). Similar results were found in a study of 1,501 adolescents. Adolescents coming from a two-parent family were less likely to have engaged in sexual intercourse. Of adolescents who had had sexual intercourse, those coming from two-parent homes were found to do so less frequently than adolescents from a single-parent family (Young, Jensen, Olsen, & Cundik, 1991).

Along with family structure, researchers have also examined the effects mothers and fathers can have on the occurrence of adolescent sexual intercourse. In a longitudinal study of 255 mother-adolescent pairs, results implied that adolescents of older mothers were more likely to have had sexual intercourse at a younger age than were adolescents of younger mothers. Results also showed that adolescents of permissive mothers were more likely than adolescents of less permissive mothers to have engaged in sexual intercourse (Taris & Semin, 1997). A study of 750 African American adolescents examined the impact that fathers had on the sexual experiences of adolescents. Having a father figure present in the home was found to be associated with a lower incidence of sexual intercourse by the adolescent. An indirect effect was also discovered, in that adolescents who reported a father figure in the home were

more likely to report higher rates of father disapproval regarding adolescent sexual intercourse. These reports of father disapproval were significantly associated with lower rates of sexual intercourse (Dittus, Jaccard, & Gordon, 1997). These two studies highlight the importance of the presence of parents as well as their roles as modeling agents.

Gender Differences

As mothers and fathers can have different effects on their adolescents' sexuality, sons and daughters have been found to be influenced differently by their parents. In a longitudinal study of 759 adolescents and parents, results indicated that parents' income and education were positively associated with both males' and females' age at first sexual intercourse. However, family process variables such as mothers' love withdrawal, intrinsic support, and closeness to the adolescent were related to females' age at first sex but not to males' age at first sex (Miller, Norton, Curtis, Hill, Schvaneveldt, & Young, 1997). The results of a study surveying 1,587 adolescents and their parents also showed gender differences regarding influences on adolescents' sexuality. Males were influenced by individual factors including age, self-esteem, locus of control, and religious participation. Whereas, females were influenced more by family characteristics such as number of parents in the home, parental discussion of sexual values, parental attitudes about adolescent intercourse, etc. (Werner-Wilson, 1998). Males and females have also been found to be effected differently by their parents' views. In a study of 1,551 high school students, females were more likely than males and virgins were more likely than nonvirgins to report they cared more about what their parents' thoughts and feelings were as opposed to a girl/boyfriends' feelings (Jensen, DeGatson, & Weed, 1994). Males' and females' involvement in risky sexual behaviors have also been found to be influenced differently. In a study examining 350 sexually active high

school students, parental monitoring was shown to be negatively associated with engaging in risky behaviors for both males and females. However, females who perceived their parents to be psychologically controlling were more likely to engage in high risk sexual behavior than were females who perceived their parents as less psychologically controlling (Rodgers, 1999). It is important for parents to keep in mind the sex of their child and to acknowledge these ways in which their adolescents' sexuality is influenced accordingly.

Direct and Indirect Influences

With regard to adolescent sexuality, there are ways in which parents are both directly and indirectly influential. In a study that surveyed 449 mother-daughter dyads, the results demonstrated that indirect factors such as the mothers' presence as a role model and the mothers' nonmarital sexual experiences (cohabitation experience and premarital pregnancy history) had more of an influence than did direct influences such as the supervision of social activities by the mother (Inazu & Fox, 1980). A study of 174 adolescents and their mothers showed that mothers' dating behaviors had a direct effect on sons' sexual behavior; however, mothers' dating behavior had an indirect effect on female adolescents via their sexual attitudes. Daughters with mothers who had more liberal dating behaviors displayed more permissive sexual attitudes. These attitudes were positively related to actual sexual experiences (Whitbeck, Simons, & Kao, 1994). Indirect effects regarding depression were found in a longitudinal study of 76 adolescent females and their parents. Females with more distant parents were more likely to display symptoms of depression. These symptoms of depression were positively related to sexually permissive attitudes as well as having sexually active friends. Further, having sexually active friends was an indicator of female sexual intercourse during the second year of this study (Whitbeck, Conger, & Kao, 1993). Indirect

effects were also found in a study of 564 female adolescents. The results suggested that sexual role attitudes, knowledge of sex, and educational goals of the participants were all found to indirectly influence sexual behaviors through sexual attitudes (Lock & Vincent, 1995). Treboux and Busch-Rossnagel (1995) conducted a study of 267 female adolescents and found that discussion of sexuality with parents and parents' approval of adolescent sexual behaviors indirectly influenced sexual behaviors via sexual attitudes. Adolescents who engaged in more communication with parents and who perceived their parents to be less accepting of certain sexual behaviors had more conservative attitudes regarding sex. These conservative attitudes were further associated with less sexual intercourse. Therefore, if parents are able to influence sexual attitudes through communication and discussions about sexuality, they may also be able to influence the sexual behaviors of their adolescents through these conversations.

Lack of Involvement

Although parents do have a great amount of influence regarding their adolescents' sexuality, many are not taking the time to be involved in the sexual education of their adolescents. In a study of 81 Mexican American adolescents, respondents reported that mothers and fathers should be the primary sexuality educators. However in reality, teachers were ranked by adolescents as providing the most information regarding sexuality (Baird, 1993). Similar findings of a survey of 132 college students reported that parents are consistently rated as the lowest source of information regarding various sexuality topics, with peers, reading, schools, and personal experiences ranking higher (Andre, Frevert, Schuchmann, 1989).

The influences parents have on the sexuality of their children is important. Parents should be encouraged to participate in the sexuality education of their children because they are a major influential source and have a great potential to influence sexuality of their adolescent.

Parent-Adolescent Communication about Sexuality

Parents as Communicators

A way in which parents may influence their child's sexuality is through communication. The transmission of sex information to adolescents by parents is a topic that has been studied in many ways. Communication about sexuality can take many forms and can occur at various levels. For instance, in a study of 48 mother-father-daughter triads, three levels of communication emerged. Level one was defined as "The Big Talk" and usually included factual, biological information. These conversations were likely to include the mother and daughter and to occur before puberty. The second level of communication about sexuality was labeled "Tea Talks". These conversations usually occurred between mothers and daughters during adolescence and included topics such as birth control, abortion, and pregnancy. The third level of communication dealt with social issues regarding sexuality such as homosexuality, adultery, and rape. These more general conversations usually included the mother, father, and daughter and occurred during adolescence and into adulthood (Hepburn, 1983). Studies have also been conducted examining the style of communication regarding sexuality. In a qualitative study of thirty mothers of 16 year-olds, five communication styles arose from the data. Avoidant mothers were described as avoiding the topic of sexuality with their adolescent. Reactive mothers were those who were prompted by their adolescent's social relationships (i.e. dating relationships) to talk about sexuality.

Mothers who used the TV, media, and other sources to talk about sex were categorized as opportunistic. Mothers who fell into the child-initiated category were those who waited for their adolescent to approach them when they were ready to talk about sex. Finally, mutually-interactive mothers were those who discussed sexuality in an open, intimate, and emotionally based manner (Rosenthal, Feldman, & Edwards, 1998).

A similar study conducted by Yowell (1997) examined the interviews of twelve adolescent females and their mothers regarding their experiences with discussions about sex and sexuality in order to discover various styles of communication. Three styles of mother communication and three styles of daughter communication emerged. Mothers who were labeled as power assertive used power and authority to transmit their sexual values. Mothers who were conflicted desired open communication with their daughters but feared it may promote their sexuality. Collaborative mothers encouraged the sharing of thoughts and feelings surrounding sexuality. Daughters who were labeled as passive were those who displayed a strong desire to obey their mothers' perceptions of appropriate behavior. Avoidant daughters were those who were unwilling to discuss sexuality with their mothers and wished to maintain a sense of privacy. Finally, daughters who were actively engaged were those willing to discuss sexuality with their mothers. The effects of such communication styles have also been previously researched. In a study of 143 college students who reported the perception of parental communicator style, parents who were perceived to be friendly, attentive, and impression leaving in their communication were more likely to influence their adolescents' sexual behavior in a negative direction (Mueller & Powers, 1990).

Family Characteristics

Along with styles of communication, characteristics of families who have engaged in sexual communication have also been examined. In a study of 174 families, Fisher (1990) found that openness and whether parents had discussed sexuality with their own parents were significant predictors of family sexual communication. Fathers with more education were more likely than less educated fathers to discuss sexuality with their children. Results from a study of 1,227 students and their parents indicated that parental attitudes and beliefs were stronger predictors of sexual communication than were demographic variables (excluding the child's sex). Families in which a daughter had become pregnant were also more likely to talk about sexual matters relating to birth control and STD's (Raffaelli, Bogenschneider, & Flood, 1998). Being aware of various styles of communication may better prepare parents to be actively involved and better communicators with their adolescents regarding sexuality.

Gender Differences

Not unlike the gender differences reviewed in parental influences on adolescent sexuality, gender differences are also apparent in the communication about sexuality. A study of 405 African American adolescents and their mothers showed gender differences in terms of who is communicating with each other. The results suggested that males and females were more likely to talk to their mothers than to their fathers. However, males were more likely and more comfortable talking with their fathers than were females (DiIorio, Kelley, & Hockenberry-Eaton, 1999). Baird (1993) also found gender differences when studying 81 Mexican American adolescents. Females indicated that they spoke more often with their mothers than with their fathers and males reported they spoke more often with their fathers than with their mothers about issues relating to sexuality. In a study of 84 mother-father-child

triads, when measuring sexual communication on seventeen topics, communication between mothers and daughters was wide across all topics. However, mothers and sons were found to have discussed less than half of these same topics. Mothers were more likely than fathers to talk to their children regarding sexuality, although, mothers were more likely to talk to their daughters than to their sons (Nolin & Peterson, 1992). Similar results in a study by Raffaelli, Bogenschneider and Flood (1998) showed that daughters engaged in communication about STD's, birth control, and teenage sex, with either parent, more often than did sons. With regard to topics of anatomy and physiology of sexuality, of 132 college students, females reported receiving more information than did males (Andre, Frevert, & Schuchmann, 1989). These gender differences generally indicate that mothers are the primary sex educators of their adolescents, which is consistent with past research studies. These findings also show that female adolescents are engaging in more conversation and receiving more information about topics of sexuality than are male adolescents.

Sexual Knowledge

Although discussing sexuality with adolescents can be difficult or uncomfortable, there is a need to relay more information to adolescents. Padilla and Baird (1991) surveyed 84 Mexican American adolescents regarding knowledge of sexuality. Twenty-seven of the participants were asked to complete a 21-item sexual knowledge questionnaire. The scores ranged from 3 to 13 with a mean of 6.9. These scores suggest that adolescents in this study had little sexual knowledge and that more sexual knowledge should be give to adolescents. However, it is important that parents are those who transmit sexual knowledge to the adolescents. This is supported by DiIorio, Kelley, and Hockenberry-Eaton's (1999) results that showed that adolescents who discussed sexuality with their mothers were more likely to

exhibit conservative sexual attitudes and not to have engaged in sexual intercourse. Adolescents who talked more with their peers were more likely to have engaged in intercourse and to have liberal sexual values regarding adolescents and sex. When studying 1,257 female adolescents, Pick and Palos (1995) found that those who frequently discussed issues of sex with their mothers were less likely to have engaged in sex and more likely to use contraception than those who did not speak with their mothers about sexuality. Similar results were discovered in a study of 338 male adolescents, where males who were least likely to impregnate a female were those who had better communication with their parents regarding sexuality (Pick & Palos, 1995).

Barriers to Communication

Even if communication with adolescents is a way parents may be influential regarding sexuality, such discussions are often difficult for parents and adolescents to have. There are many barriers to communication that have been identified by researchers. The discomfort surrounding the topic of sexuality has been examined by Hutchinson and Cooney (1998), who studied 173 female adolescents and found that 45% were “somewhat” or “very” uncomfortable discussing sexuality with their parents. A third of these adolescents also perceived their parents as being “somewhat” or “very” uncomfortable discussing issues of sexuality. Nolin and Peterson (1992) also investigated the comfort levels of parents and adolescents in their study of 84 mother-father-child triads. The quantitative data showed that parents were fairly comfortable when talking with their adolescents about sexuality. However, qualitative data revealed that parents were not as comfortable discussing interpersonal and moral issues relating to sexuality as they were when discussing factual, biological topics. This discomfort in discussing personal, moral issues may be why the

discussions of sexuality revolve more around biological issues than personal issues.

According to Pistella and Bonati (1998) who surveyed 249 female family planning patients, adolescents were most likely to report discussing puberty, the biology of pregnancy, and condom use to prevent HIV and AIDS as opposed to personal and moral issues.

Adolescents' and parents' perceptions of the occurrence of communication about sex and sexuality may be another possible barrier to sexuality discussions. In a study of 745 African American adolescents and their mothers, wide amounts of discrepancy were found regarding communication about global issues of sex. Seventy-two percent of the mothers strongly agreed that they had talked to their adolescent about sex, however, only 45% of the adolescents strongly agreed that their mothers had talked to them about sex (Jaccard, Dittus, & Gordon, 1998). A study of 1,578 parents and adolescents revealed that fathers and adolescents reports of communication were inconsistent. The results showed that adolescents reported less sexual communication with their fathers than fathers reported having (Pick & Palos, 1995). If mothers and fathers are under the impression that they have already discussed sex with their adolescent, they may feel that additional discussions are unnecessary. Therefore, perception that discussions have already occurred may be a barrier to having future conversations about sexuality.

An additional barrier is the fear that discussing sex and sexuality is a way of promoting adolescent sexual behaviors. Yowell's (1997) findings suggest that there are conflicted mothers who desire open communication but fear the ramifications it will have on an adolescents' sexual behaviors. Many parents may have these same fears and concerns. However, in a review of studies examining the effectiveness of sex education these concerns were not supported. The review of 47 studies showed that most sex education programs

either decreased the amount of sexual activity of adolescents or held sexual activity constant. Only two of the studies reported an increase in the amount of sexual activity. These 47 studies do little to support the idea that talking about sex and sex education increases adolescents' sexual behaviors (Grunseit, Kippax, & Slutkin, 1997).

Implications of Communication

Not only can talking with adolescents reduce the occurrence of early sexual intercourse, but it can reduce the amount of risky behaviors adolescents may engage in. A study including 1,033 high school students found that adolescents who had tried to avoid HIV and AIDS were more likely to have discussed sexuality with their parents than those who had not tried to avoid HIV and AIDS (LeLand & Barth, 1993). Hutchinson and Cooney (1998) found similar results in their study of 173 young women aged 19 to 20. Their results indicated that women who communicated with their parents were more likely to have greater sexual communication about STD's, condoms, and past sexual experiences with their current partner. By talking with adolescents about sexuality and risky behaviors, parents give their adolescents the ability and knowledge needed to make safe decisions regarding their sexuality. It should be noted that the timing of such conversations is also significant. In a study of 372 sexually active adolescents, discussions of condom use prior to first sexual intercourse was strongly related to condom use at first intercourse. Subsequently, condom use at first intercourse was predictive of regular condom use and condom use at most recent intercourse. However, discussions of condom use after first intercourse were not related to regular condom use and condom use at most recent intercourse (Miller, Levin, Whitaker, and Xu, 1998). Therefore, it is importance for parents to be aware of the timing of sexuality discussions.

Because sexuality and sexual risk discussions can be difficult to have with an adolescent, several research studies offer advice to parents and those who work with adolescents. In a retrospective study of women in their thirties, respondents provided researchers with qualitative data of what they wished their mothers had told them. Most of the women in the study has wished their mothers had been more open when discussing a variety of sexual topics. One third of the women wished that their mothers would have told them about the choices they had regarding sexual expression, pregnancy, and relationships (Brock & Jennings, 1993). These results could be used to aid parents in the manner and issues they should cover with their adolescents. A paper presented by Webb (1994) suggests that parents should be directly involved in the sexuality education of their adolescents by taking part in parent education courses that include issues of adolescent development, sex education, and intervention approaches. By taking these ideas into consideration, parents may feel better prepared to discuss sexuality with their children. Parents may also gain advice through the popular media. A study presenting a review of 26 articles from 1984 to 1993 regarding advice given to parents showed that many of the these articles gave prescriptive advice regarding communication. The articles provided ways to approach the topic of sex, gave suggestions on the timing of sex discussions, and some described popular theories of adolescent sexuality (Simanski, 1998). Eventhough discussions of sexuality with children is difficult, there are many tools that parents can utilize to open the lines of communication with their adolescents. From all of the studies reviewing characteristics of families, parents who have an open and honest style of communication throughout the adolescent's life span about all topics are those who may have an easier time discussing issues of sexuality.

Theoretical Perspective

There are several theoretical frameworks that can be used to explain various aspects of adolescents' sexual development. For the purposes of this study, symbolic interactionism will be used to interpret adolescent sexuality. Charles Cooley developed the idea of the "looking glass self" which is used to identify the self's ability to reflect on it's own behavior (LaRossa & Reitzes, 1993). George Herbert Mead, who is most often identified with symbolic interactionism, developed several concepts that may be summarized by the idea that human's share common symbols that enable them to adapt and survive in their environment. The first set of assumptions in symbolic interactionism revolve around the ideas of human behavior. The first assumption under this theme is; "human beings act toward things on the basis of the meanings that those things have for them" (1993, p.143). Symbolic interactionists suggest there is a "loop" of conscious thought and meaning between the stimulus and response which elicit various behaviors (1993). The second assumption states; "meaning arises in the process of interaction between people" (1993, p.143). The way that individuals acquire symbols and create meaning for those symbols is through their interactions with others. The third assumption is; "meanings are handled in and modified through an interpretive process used by the person in dealing with things he or she encounters" (1993, p.143). Along with meaning being developed through interaction with other people, meaning and symbols are also constructed through experiences and the interpretive processes that an individual encounters.

The second set of assumptions revolve around the development of self-concept. The first assumption states; "individuals are not born with a sense of self but develop self concepts through social interactions" (LaRossa & Reitzes, 1993, p.144). This is to say that

our sense of self is not instinctive but rather learned through interactions with others. The second assumption is; “self-concepts, once developed, provide an important motive for behavior” (1993 p.144). This can be related to the self-fulfilling prophecy. If an individual feels as if they are no good at something, they are unlikely to try that particular activity. Therefore, how individuals think of themselves, and how they define their abilities influences what they are willing to try and how motivated they are to do so.

These assumptions and concepts are relevant to understanding adolescent sexuality in that how individuals see themselves (as a “good” girl, “bad” girl) can be give us insight into early sexual behaviors. As adolescents come into contact with significant others such as parents and peers, their sense of self develops. This can be important in that these significant others can also influence early adolescent sexual behavior (Miller & Fox, 1987). Symbols and meaning are also developed through the interactions with significant others. Through these interactions, adolescents develop roles and norms regarding sexual behaviors. Most often these are shared meanings created between the adolescent and the significant other with whom the adolescent is interacting with. Therefore, it is important that parents and adolescents create shared meanings of sexual behavior, sexual intimacy, as well as other components of sexuality. Through interactions with parents, peers, and others, adolescents develop a sense of themselves and a self concept which, in turn, influences their sexuality.

CHAPTER TWO

METHODOLOGY

Participants

Participants for the focus group study were obtained via snowball sampling. Each person who agreed to participate in the study was asked to provide the researchers with the names of other families that may have been willing to participate in the study. Adolescent females and their parents as well as adolescent males and their parents were interviewed at two different sites in southwest Michigan. Separate interviews were conducted with each member of the family resulting in data from two groups of; females ($n=8$), boys ($n=6$), mothers of females ($n=7$), mothers of males ($n=5$), fathers of females ($n=6$), and fathers of males ($n=5$).

The mean age was 15 for females and 16 for males. All of the adolescents reported being virgins; however, the majority of the adolescents ($n=13$) indicated they had sexually experienced friends. All of the adolescents reported that they were “exclusively heterosexual”. Most (71%) of the adolescents indicated they lived with both biological parents. The annual household income ranged from \$30,000 to \$70,000 with a mean of \$60,000. Table 1 provides the means and standard deviations on the Family Assessment Device. The norms of this scale include clinical and nonclinical means and standard deviations with lower scores indicating healthier participants. The scores of the participants indicate a healthy nonclinical sample.

Table 1Family Assessment Device Scores

	Male Adolescents			Female Adolescents		
	Adol.	Mothers	Fathers	Adol.	Mothers	Fathers
FAD 1 Problem solving	2.08 (.01)	1.97 (.46)	2.25 (.20)	2.02 (.50)	1.81 (.28)	2.03 (.13)
FAD 2 Communication	2.21 (.28)	2.00 (.34)	2.21 (.15)	2.07 (.43)	2.04 (.41)	2.05 (.32)
FAD 3 Roles	2.06 (.14)	1.98 (.31)	2.26 (.22)	2.14 (.22)	2.22 (.69)	2.17 (.23)
FAD 4 Affect	2.36 (.23)	1.86 (.52)	2.36 (.30)	1.91 (.33)	1.94 (.44)	2.10 (.23)
FAD 5 Involvement	2.27 (.29)	1.60 (.85)	2.13 (.22)	1.92 (.47)	1.69 (.77)	1.50 (.94)
FAD 6 Behavior Control	1.95 (.26)	1.46 (.41)	1.87 (.31)	1.78 (.44)	1.60 (.42)	1.60 (.28)
FAD 7 General Functioning	2.05 (.15)	1.83 (.47)	2.14 (.11)	1.70 (.45)	1.87 (.39)	1.83 (.23)
Total FAD	2.11 (.11)	1.84 (.39)	2.15 (.15)	1.91 (.35)	1.91 (.32)	1.94 (.17)

Procedure

The present research is a part of an earlier study conducted to explore the perceptions of both adolescents and their parents about adolescent sexuality. The primary researchers conducted focus group interviews with participants from two communities in southwest Michigan. A list of six questions, including follow-up questions, were asked of each interview group. The present study focuses on the responses relating to the involvement of parents in adolescent sexuality education and the communication patterns and processes that these families have taken part in regarding the sexuality of the adolescent.

Measures

In addition to taking part in the focus groups, participants were also given several questionnaire to complete. Demographic variables were collected from both adolescents and their mothers and fathers. Information about sexual behavior were collected from adolescents using the Survey of Adolescent Sexual Behavior (SASB) (based on Peterson & Card, 1993). Parents also completed a shorten version of the SASB where they were to indicate whether they believed their adolescent had engage in the indicated behaviors. *Status characteristics* measures included: ethnicity, age, personal and family income, residential status (alone, with parents, with roommates), relationship status (no relationship, casually dating, exclusively dating), and length of current relationship. *Sexual history* was assessed by examining: age at first intercourse, number of sexual intercourse experiences within the last year, number of lifetime sexual partners (number of different people the respondent had engaged in intercourse with to date), use of birth control at first intercourse (0=no, 1=yes), and pregnancy (with personally pregnant or responsible for pregnancy; 0= no, 1=yes). Also included in the SASB were questions relating to *alcohol and the use of illegal substances*.

Respondents rated their use (or their belief of adolescent's use) as either daily, weekly, monthly, less often, or not at all. *Sex role attitudes* were assessed using responses of fifteen questions on the SASB. The responses to these items were coded from 1-4 so that higher scores indicated greater egalitarian sex role attitudes. These responses were then summed into a scale which demonstrated high interitem correlations (Cronbach's $\alpha = .78$). Parents' and adolescents' sexual attitudes were then measured using the Sexual Attitude Scale (SAS) (Hudson, Murphy, & Nurius, 1992), a 25-item instrument designed to measure liberal versus conservative attitudes toward sexual expression (Fischer & Corcoran, 1994). After scoring the SAS scores may range from 0-100 with higher scores indicating a greater severity of problems. The SAS has excellent reliability with internal consistency reported at .90 and good construct and content validity (Fischer & Corcoran, 1994).

Both adolescents and parents completed the Family Assessment Device (FAD), which measures the family's relationship (Epstein, Baldwin, & Bishop, 1983). The FAD is a 60-item questionnaire based on the McMaster Model that describes the structural, occupational, and transactional properties of families. Seven dimensions of family functioning are identified within the scale which include: problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning. Each item is scored on a 1-4 scale (1 = strongly agree to 4 = strongly disagree). The FAD displays good internal consistency with alpha for the seven subscales ranging from .72 to .92 (Fischer & Corcoran, 1994). The FAD also demonstrates concurrent and predictive validity (Fischer & Corcoran, 1994).

The psychological characteristic of satisfaction with life was measured using the Satisfaction With Life Scale (SWLS) (Diener, Emmons, Larsen, & Griffin, 1985). This

5-item scale attempts to measure the subjective component of satisfaction with life. Each item is scored from 1 to 7 (1=strongly disagree to 7=strongly agree) by the participant. The scores are then added for a total score which can range from 5 to 35, with higher scores indicating a greater satisfaction with life. The scale's internal consistency is very good with and alpha of .87. The test-retest reliability is reported at .82 over a two month period. Convergent validity has been established with the use of nine other subjective measures of satisfaction with life, with the scores correlating highly with each other (Fischer & Cocoran, 1994).

Rationale for Data Collection Strategy

Survey methodology, the primary approach to data collection on adolescent sexuality, has several strengths including; (a) the ability to describe characteristics of a larger population, (b) the ability to include a large sample, (c) more flexibility than experimental methodology, and (d) enhanced generalizability (Babbie, 1998). Survey methods and the use of large representative samples has promoted the generalizability of findings in the area of adolescent sexual behavior. Along with these strengths are the weaknesses that are attached to survey methodology; (a) the standardization of questionnaire items have impaired understanding of complex topics, and (b) it is impossible to deal with the social context of such individuals (Babbie, 1998). It must be noted that adolescent sexuality is complex and influenced by several contextual variables such as parents, peers, school, relationships, as well as other variables.

Exploration of adolescent sexuality is further enhanced by the use of focus groups for three reasons. First, focus group methodology is an exceedingly strong choice for exploratory research (Krueger, 1988). Second, the focus group approach is likely to strengthen

triangulation, providing breadth and depth for adolescent sexual behavior and family influences (Krueger, 1998). Finally, the focus group approach will help identify sexual communication patterns and the involvement of parents in adolescents' sexual socialization.

CHAPTER THREE

RESULTS

Qualitative Analysis

The focus group transcripts that were analyzed consisted of two female and two male adolescent groups and the separate groups of their mothers and fathers. Due to the sensitivity of adolescent sexuality research, secondary analysis of focus groups seemed to be appropriate for the purposes of the present study. Although the usage of secondary data may bring into question validity (Babbie, 1998), the primary data that was collected is pertinent to the current study. The thematic analysis of the data included the defining of emerging themes found in the transcripts as suggested by Krugger (1998) and Boyatzis (1998). This thematic analysis included labeling the themes, defining what the theme concerns, and describing how to know when the theme occurs. After the coding process was complete, two global themes emerged out of the discussions of the focus groups of both adolescents and their parents. First, the level of parental involvement seemed to be an important factor in the adolescents' decision to remain sexually inactive. Second, communication between parents and adolescents was noted as being an important aspect of the adolescents' sexual socialization. The major themes that will be discussed are provided in Table 2 and Table 3.

Adolescent Focus Groups

Parental Involvement

The discussions that took place between the male and female focus groups revealed that adolescents felt they benefited from parental involvement in their lives. Adolescents reported a responsibility they felt parents had regarding the upbringing of their children.

Table 2General Themes of Focus Group Results – Adolescents

- I. Parental Involvement
 - A. Influence of Parents
 - B. Participation of Parents in Adolescents Sexual Education
- II. Parent-Adolescent Communication
 - A. Experiences with Communication
 - B. Desire for Communication
 - C. Dilemmas/Barriers to Communication
 - D. Topics Adolescents Wished to be Discussed

Table 3General Themes of Focus Group Results – Parents

- I. Parental Involvement
 - A. Influence of Parents
 - B. Monitoring Adolescents' Activities
 - C. Participation of Parents in Adolescents' Sexual Education
- II. Parent-Adolescent Communication
 - A. Experiences with Communication
 - B. Advice on How to Broach the Subject
 - C. Importance of Communication
 - D. Dilemmas/Barriers to Communication
 - E. Topics Parents Felt Necessary to Discuss

Adolescents also believed that parents who were involved in an adolescent's life were parents who cared. Indeed, this perception of a caring parent could be a factor in the adolescents' decision not to engage in sexual intercourse. Thus, the level of parental involvement in an adolescent's life can have a significant affect on their decision whether or not to engage in sexual intercourse.

Influence of Parents

Most adolescents believed that their parents were an important source of influence in their lives. The discussions revealed that the participants felt that their parents were role models who instilled sexual values in their children through their own actions and behaviors. The adolescent's morals were strong indicators of their desire to remain sexually inactive. The development of such morals seemed to come from parents. As one male adolescent stated: "Just in their [parents] values they have. Just what they think should and what shouldn't happen is passed onto you". The importance of time in the development of morality was noted by one female adolescent: "It's [how moral are taught] kind of through your whole life, it's how you were raised your entire life." The church was also thought to be an important influence in one female's life: "...I think that [parents] does have a lot to do with it [sex] actually because if your family goes to church every Sunday, to me that has a lot to do with what I think." Another female participant described what she believed to be role modeling behaviors that could influence the sexual behavior of an adolescent:

I do think a lot of it [learning about sex] is what you see your parents do...if you're just living with your mom or just living with your dad and they date all the time and your dad's bring his girlfriends home that's what you see.

Indirect actions were also thought to influence sexuality as one young man stated:

Well...when you're growing up you learn, you take on their [parents] values and even though it's not directly related to that [sex] you still get stuff from it. Just the way you are taught to behave in public places and stuff like that and that changes what you think about having sex.

One female adolescent recognized the importance of parental influence throughout the lifespan and how that has effected her decision making process regarding sex:

The responsibility and all the views my parents have given me as I've grown up is more affective I would say than them sitting down and saying, "Don't have sex", or "Wait until you're married", or "Do this", or "Do that". I think them [parents] raising me to be a responsible person and make my own choices is probably the most affective way."

One female adolescent noted that "my family has none" regarding their influential power in her sexual behaviors. Other adolescents offered reasons as to why they felt parents may not be an influential source in some adolescents' lives. One female adolescent suggested:

I think a lot of people just, you know, some people just don't listen to what their parents say, some people don't have parents that will say things to them, but I think in the long run it's just taking what you see, and maybe what your parents say to you, and you make your own choices."

The power of choice was also depicted in the following interaction between female participants: "They're [parents] pretty much saying 'Don't have sex.' Eventually, I'm gonna be the one that has to make the decision." "That's true." "Your mom's not gonna be standing their saying 'No'." Finally, one male adolescent offered a reason as to why adolescents may feel it is important to make their own decisions: "Because we want to be teenagers. Part of being a teenager is, you know, independent, you know, trying to learn how to be an adult and not have that constant influence."

Participation of Parents in Sex Education

All of the adolescents felt that their parents should be involved in the sex education of their children. It was believed that it is a responsibility of parenthood to educate children on all matters including sexuality as expressed in this statement by a female adolescent: "I think it's the parent's responsibility to teach the kids responsibility and morality, and if they want to talk to kids about sex, I mean, just so that you [adolescent] know how they [parent] feel about everything." Adolescents also noted that they felt parental involvement in sex education, whether informally or in the classroom, was a sign of caring that could later influence the decision making process regarding sex. One male adolescent described his thoughts regarding this issue:

I think it would be nice if each parent of each student had some sort of influence on that [sex education] or take part in that [sex education] because I think it shows they care, you know, for their kid, you know. 'You should use a condom', and that sort of message is better than nothing. And a lot of kids don't get a message and it shows, to them, I'm sure it shows that they [parents] don't care. And I think that that's where the problem really lies.

Although adolescents did believe that their parents should be involved in their sexual education, most agreed that having parents physically present during a formal sex education lesson was not a good idea. Adolescents reported that they may feel uncomfortable if parents were present in the classroom. One female participant noted: "If anything that [parents in the classroom] would just like make you clam up." Another female stated: "I'd feel stupid if my parents were in there [the classroom]." The consensus seemed to be that parents should be a part of the education process although not in the classroom as part of a formal sex education

program. One female adolescent stated: "It's important for them [parents] to be involved, but if you have a health class everyday your parents don't need to compare notes with you everyday."

Parent-Adolescent Communication

Along with the role modeling that parents provide and the involvement in their adolescents' lives regarding sex education, parents have the potential to be the greatest source of information for adolescents regarding sex and sexuality. This relaying of information often is experienced through communication and discussions about sex. Within the realm of communication between parents and adolescents, themes emerged around the issues of actual experiences with communication, the adolescent's desires regarding communication with their parents, some of the dilemmas adolescents believed to be contributing to the lack of communication, and finally, the topics that adolescents thought were important to discuss.

Experiences with Communication

Communication between parents and adolescents about sexuality was reported as minimal by most of the adolescent participants. When asked where most information about sex and sexuality was learned, one male adolescent responded: "Not much from parents." A female adolescent reported her lack of actual communication about sex and sexuality with her parents:

"And to be honest, I've never talked to my parents about sex...I mean, my parents have given me enough guidance that I know, you know, how they, I know how they feel about it, but we've never, I mean, if I have questions they'll answer them, but I've never had a need to talk to them."

Another participant noted his experiences with communication between he and his parents: “Once in a while [we would talk about sex]. They [parents] just educate me about sex, told me what it was...told me what safe sex was and then told me that, just advised me to have safe sex.” Adolescents also discussed their experiences with lectures about sex and sexuality as demonstrated by the following exchange among female participants:

You know, my mom like brought it [sex] up in that way [after seeing it sex in a movie] and it was like we have all sorts of pressures, but she sat me down, ‘This is what happens’.

Like a lecture.

You just kinda, yeah, yeah, yeah, whatever.

Stop talking to me.

That’s enough of that one.

Adolescents noted that although they do not often go to their parents to discuss sex and sexuality, they felt approaching their parents with questions and having questions solicited by parents was an appropriate way to get information about sex. It seemed that a question and answer format was more acceptable to adolescents than a lecture or formal ‘sex talk’. One female participant shared: “My parents will ask me if I have questions, they won’t go straight out and go ‘OK [name withheld], this and this and this.’ They are like, ‘do you have any questions about whatever.’” Another female adolescent added: “If I had questions, I know I could ask.”

Some adolescents expressed their reluctance to approach parents not only about issues of sex but general topics of conversation as well. One male adolescent asserted: “I feel comfortable talking to my parents, I just don’t like to.” Another male remarked: “I mean like,

I'd rather talk to my sister than my parents. I mean, I'll hold a decent conversation with them and we get along alright, but I don't like go out looking for conversations with my parents."

A possible reason for not approaching parents with questions about sex and sexuality was briefly described by one female adolescent who said:

Well, I think I wouldn't go to my parents or an adult because I know they're strongly against having sex or whatever. They're strongly against whatever you say so that obviously they're gonna be that one minded person. They're gonna state what they want, what they think.

Although the adolescents felt communication was important and they could approach their parents with questions, when a moderator posed a question to one adolescent group asking how likely they were to start a conversation with their parents, the respondents answered:

"Not very", "Not very", "Yeah, so I never do."

Desires for Communication

Throughout the discussions among the adolescent participants, it seemed as though communication with parents is something that is not occurring frequently. Some adolescents expressed their desire for more communication to take place in order to prepare the adolescent for future experiences with sexual education, as one male adolescent commented:

Well, talk about it [sex] to you because by the time you first get sexual education, like in fifth grade or something like that, kids are gonna make fun of you because you don't know anything about it [sex] and by that time you might hear about it [sex] and stuff like that, but you don't know the basic facts about it [sex] so you need to know at least before fifth grade."

Participants disclosed that they wanted to have discussions with their parents or other adults, not to be lectured to regarding issues of sex. The following exchange took place between female adolescents illustrating that fact:

We need somebody who can be honest with us without stating a direct opinion, you know?

Yeah, you know, just kinda listen.

And say, 'Well this is right for you, and you're gonna do it safely.'

And don't just kinda like put in their opinion and not really listen.

Somebody who knows enough to say, 'This does happen. This might happen. But I'm trying to tell you that this is what's going to happen.' Or [not somebody] that's gonna push their own opinion, just somebody who's going to listen and be honest about everything.

Advice given to parents by adolescents were offered as one female adolescent suggested:

"Yeah, well they [parents] need to make it clear or make you comfortable enough that you can come to them." Another advised: "The main thing to do is you [parents] have to be open about it [sex]...and not throw a hissy-fit when you [adolescent] say something about it."

Thus, the important things for parents and sex educators to be aware of when discussing issues of sexuality, is not to lecture, to remain open, honest, forthright, and most of all to listen to the adolescent.

Barriers to Communication

Along with the notion that adolescents are hesitant to approach parents in fear of receiving a lecture about sex, adolescents shared other reasons they felt discussions were not taking place. Adolescents often expressed feeling embarrassed or uncomfortable when

talking to her parents about sex. One male adolescent shared: “That’s why it [sex] doesn’t get talked about at home, because it’s embarrassing.” Another adolescent tried to describe why there is discomfort when talking to her parents:

I don’t want to [talk about sex], I don’t know why I don’t feel comfortable, I wouldn’t feel comfortable I don’t think. And I feel comfortable talking to my friends. Just because they’re my age and they understand what’s going on right now, and I know that my parents were that age too, but...it wasn’t the same for them.

One female adolescent revealed the difficulty of being the person to broach the topic of sexuality and how this can create additional discomfort: “Especially concerning that if it’s your parents who are the only people not talking to you about it [sex] you’re gonna feel worse going to talk to them about it [sex].”

Adolescents also disclosed their fears about what may happen if they brought up the topic of sex to their parents. The following exchange that took place between female participants expressed those fears:

You never know if they’re [parents] gonna panic on you.

Or [your parents would] cut back your responsibilities because they think that you’re doing something that you shouldn’t, you know, something like that. Or not your responsibilities, your privileges.

Yeah, they’ll worry more if they know that’s [sex] on your mind.

Some adolescents believed that discussions were not taking place because parents just weren’t educated enough to talk to their adolescents about sex. One female adolescent stated: “And a lot of parents don’t know about it [sex]. Another female added: “A lot of parents don’t know about birth control and stuff.”

An additional reason communication may not be taking place is related to the mixed messages that taking about sex and sexuality may give the adolescent. The issue of mixed messages often centered around the discussion and distribution of condoms. Adolescents were able to understand and identify with some of the dilemmas that parents are facing regarding mixed messages. One female participant stated: "There are a lot of parents out there that think, you know, 'If I don't say anything, they [adolescents] won't know.'" Another male adolescent commented:

Even with having teachers hand them [condoms] out, there's still a lot of other things that parents don't want you to see, just because it promotes sex and a lot of parents don't want to promote sex, they don't even want to promote safe sex.

Although the adolescents could relate to the problems parents face regarding the discussion and distribution of condoms, most did not believe that talking about sex or condom use promoted sexual activity. One female adolescent stated:

It's [talking about and promoting condom use] saying, 'if your gonna do it, as least do it safely.' It's not saying, 'Okay, I want all of you to go out and have sex now because there's a condom machine in the bathroom.'

Another female added: "Just because you have a condom doesn't mean you're gonna go out and have sex." Yet another female adolescent agreed and shared: "I've never really thought that just because your given a condom that that will suddenly make you want to go out and have sex." These dilemmas and barriers mentioned by the adolescents offer insights into the difficulties that occur when parents and adolescents attempt to talk about sex and sexuality.

Topics Adolescents Wished to Be Discussed

The adolescents in the focus groups discussed the topics that they wished to have more information on, whether the additional information comes from parents or the schools. One male adolescent noted: “Educating them [adolescents] on the diseases you could get and the problems if you get pregnant.” Another male adolescent added: “Sexual restraint.” Along with the topics that adolescents wished to discuss more often, they also mentioned the importance timing plays in the presentation of these important topics. One female adolescent shared:

When you take a health class in tenth grade and they [educators] show you all these things [contraception and STDs], but it’s really too late by that time, but if you show that stuff to fourth graders, they’re not gonna have a clue, you know.

Another adolescent expressed her concern with how late important information sex was relayed to adolescents when she stated: “They didn’t really tell you about contraceptives until high school, but I know people in the sixth grade who are having sex.” Finally some of the adolescents suggested the appropriate age for parents or formal sex educators to begin discussing topic of contraception and STDs as one female participant said: “Sixth, seventh, eighth grade.”

Parent Focus Groups

Parental Involvement

Parent participants believed the involvement in the lives of their children had quite an affect on the sexual socialization of their adolescents. Parents believed that they were influential as role models to their children. Discussion also took place regarding issues relating to the monitoring of their children and how that supervision impacted their children. The parents in the focus groups expressed their concerns and desires for further involvement

in the sexual education of their adolescents. The emerging themes from the parent focus groups relating to parental involvement follow.

Influence of Parents

Parents believed that they were a major influential source for their adolescents through the role modeling of behaviors they displayed. Parents felt that values and morals about sex and sexuality were passed on to their children in this manner. One mother noted: "I think modeling, touching, which is a normal part of a relationship, that hugging and holding hands and showing that there's more to the relationship than just sex." Another mother added that along with the importance of modeling, is the importance of a instilling values and morals throughout the child's life:

Yeah, just being good role models from the very beginning as they're [children] toddlers and just growing up with you and knowing the values, that you have a set of rules that you've found, values that you've found, things that are important that you taught them from the time they were young and can remember.

Parents also included the importance of creating an environment in which honesty was a value. Parents felt that being honest with adolescents about sex and explaining value systems would encourage adolescents to approach parents as one mother stated:

So I think we can try to be role models, but I think we have to be honest with kids, and I think we have to, you know, explain to them that all of us are different, all of us have different values and morals, but whatever you do you need to live with, and you need to feel good about yourself...but I think the biggest part is you have to be honest with them [adolescents] so that they feel that they can come and talk to you.

One mother also shared her belief that family values and an environment that was comfortable to discuss all matters were influential in her daughter's sexuality. She asserted:

A #1 most important, I feel, is that constant reminder of our family values and a comfort level that she feels with us at home that she can talk to us about difficulties she's having and for us to be able to express to her what our opinions are whether she chooses to take that pathway or not. We will always tell her how we are feeling and then let her make her own choices. That, I think, more than anything else, is that family unit of knowing that she has a place to go and also that we care very much for her, that we will always be honest with our feelings.

Parents discussed the love and respect given to adolescents was a way to ensure that the family was a positive source of esteem. If adolescents feel that they are loved by their family, they may not feel as great a need to search for acceptance and love through sexual behaviors.

One mother stated:

I guess what I have to hope is that overall, through all of this, through all the years and all the things that we try to do as parents, that we give two things to our kids. Number one, our constant love and also a respect for them...and you have to hope that she'll get a positive feeling about herself that she won't have to have intercourse at age 15, 16, 17 to feel like somebody loves her.

Although parents did feel that they were an important influence, they also noted that the final decision whether or not to be sexually active was up to the adolescents themselves. Parents are realizing their children do have the ability to make their own choices and that they as parents are there to guide their children to make the right choices. One mother said: "And the

bottom line is that it's a choice and as a parent, I cannot make that choice for you." Another mother stated:

So I'm kind of more the type that says, 'You have to make decisions that are right for you. And I hope that abstinence is the right decision, but I can't make that decision for you, and you need to think about the advantages and disadvantages if you choose to have sex. And I'll support you with whatever decision you make because you're the one that has to live with that decision...I want you to make the decision because I can't make it for you. But I can help you make these decisions.

One father addressed the importance of teaching values but felt that leaving the decision to have sex up to the adolescent would help them realize that they are responsible for themselves:

Because the bottom line is...it doesn't really matter what I think, it doesn't actually matter what anybody else thinks, they're gonna be responsible for their own actions and they've gotta live with what comes up, so the best thing I can do is teach them a few values I think are important and how to weigh the evidence and make a decision.

Overall, parents believed that their responsibilities as influential people in the lives of adolescents included being a positive role model who instilled values and moral about sex and sexuality into their children. Yet, ultimately parents felt that the adolescents themselves were in control of their own lives.

Monitoring of Activities

Parents also expressed their involvement in their adolescents' lives and how that presence can be important with regard to the adolescents' development. Parents felt that this involvement in their children's lives and the monitoring of adolescents' activities was a

lifelong process that would create an environment that enabled parents to control the situations their children got into. One father commented:

And I think you start that [letting children be aware of parental presence] at about age one. I don't think you wait until they're 15, you know, it's just gotta be a lifelong commitment from a parent that that's [monitoring] what they [parents] do all along.

A mother mentioned: "I think one thing is you've gotta know where they [adolescents] are and who they're with. It's awful hard to get into trouble when you're being watched. Another mother added:

Give them [adolescents] good things to do where you don't have to worry about them doing bad things. Don't let them be in situations that are...uncontrolled. Or where they have to make a decision that is too hard, too difficult.

One mother shared her personal experience with monitoring:

When my 12 year old daughter was invited to a party, a boy/girl party... I did not know the family at all, I did not know the boy, and the kids know that I will always call ahead of time, always. ...I picked our 12 year old up at 10:30 and the mom said out of 18 kids I was the only parent who called...and [name withheld] said, 'Well mom, how embarrassing,' and I said, 'Honey, it's not gonna change.' So I'm hoping that that caring attitude will help her as an adult some day or help her through her college years to hopefully make decisions that she feels are appropriate.

One father admitted to the confusion he experienced with his daughter regarding his involvement in her life:

At this point of time in their life, they're really, they come home sometimes, they don't want you to have anything to do with their life, and the next day they come

home and they're asking you for all kinds of advice. You can get confused have a teenager, right? We don't know what our role is supposed to be from day to day, so I'm not sure the kids know what they want from our role.

Although parents did not see themselves as policing agents, they did feel that the monitoring of activities hopefully curbed some of the deviant activities that adolescents may have been engaging in.

Participation of Parents in Sex Education

Parents discussed the importance of their role in their adolescents' sexual education. They believed that it was important for all parents to assume this role as was stated by one mother: "Somehow we have to get a lot of parents realizing that it's part of their responsibility." Another parent offered a reason as to why she felt some parents may not be involved in the sexual education of their children. That mother noted: "Parents are so busy with lots of families, both parents are working full-time and parents don't always take the time, even if they wanted to, even though they should, they don't always take the time to commit."

Parents also discussed the desire to be involved in the formal sex education of their adolescents. Some parents offered ideas as to how parental involvement could take place. One father indicated his reasoning to have parents participate: "I think they [parents] should have the opportunity to see what information is being given to their kids." Another father stated the benefits of having parents involved in formal sex education:

I think you have to have parents involved [in formal sex education] so that the parents hear the same thing the kids are hearing so that afterwards at home if the discussion

comes up it makes it a little easier because they [adolescent] heard the exact same thing you heard, and it makes it maybe a little easier, the dialog to take place.

One father offered his suggestions as how to involve parents:

I think you have to bring the parents into the setting with the kids in such a fashion that it doesn't put them [the parents] on the spot. It's probably helpful for the parents to hear how that information is being delivered to their youngsters...I think you have to get the groups [parents and adolescents] together, you know, workshop format perhaps.

One mother shared her ideas for parental involvement:

Like when you could have the children go to one place and maybe get a lecture or maybe some help and then the parents go one place and then maybe that might be a good time [to involve parents]. You know the beginning of the year you have that mandatory meeting for the code of conduct and if you don't go your kids can't play [sports]. ...So why can't do that code of conduct thing for human sexuality or human life, give it a nice name, it doesn't have to have the word 'sex' in it.

Although parents felt they should be involved in sex education, they felt it may be necessary to get the "permission" of the adolescent before becoming a part of the classroom. One father remarked: "You'd [the parent] feel comfortable, but I'm not sure the adolescent would feel comfortable." A mother offered a possible suggestion for getting around the discomfort of the adolescent, while still allowing the parents to be involved in sex education:

I still think that parents are kids' first and best teachers in every topic no matter what you're talking about. So absolutely [parents should be involved in sex education].

Now whether it would be comfortable for a parent to come and sit in the classroom at

school, I don't think kids would want that, but for a parent to help in planning, for a parent to be a teacher's aide in a class that wasn't his/her own kid's. [The parent] could be a sounding board a kid could ask [questions] or talk to.

Parent-Adolescent Communication

Besides being role models for adolescents, being monitors of adolescents' behaviors, and being involved in adolescents' sexual education, parents can be the greatest source of information for adolescents about sexuality. One way that parents are able to relay such information about sex and sexuality is through communication with their adolescent.

Experiences with Communication

Parents offered their thoughts and personal experiences regarding communication about sex and sexuality with their adolescents. One mother shared how sexuality was discussed with her son: "We had a book by Dr. Dobson, 'Preparing for Adolescence' that we used and it really had a lot of good information in it." The mother went on to describe how the son and the father read the book together and discussed the topics presented by the author. Another mother described the more subtle ways that she brought up the topics of sex and sexuality:

I think we [parents] do it [bring up sex] in minor ways. If there's a program on, there are certain programs that I will basically say, 'I think it's disrespectful for women, I don't think we need to watch this program' and I'll turn it off. It [a specific movie on TV] became a teachable moment to look at something together and say, 'Let's really look at what we're watching and what we're saying.'

Other parents shared their experiences talking about topics of contraception and abstinence and what they have said to their adolescents regarding these issues. One mother disclosed:

Yeah, my daughter and I haven't talked about that [contraception] either, or we've talked about abstinence and being strong enough to say no when people are doing things that you don't like. About premarital sex, our line is, 'if you're gonna have sex, you better be ready to...support a family at that point and if you can't take care of a child, then you're not really old enough to have sex. Sex equals pregnancy because it's not 100% guaranteed, even with contraceptives.' So we hadn't gotten into a long discussion of contraceptives either.

Another mother had discussed contraceptives in terms of her adolescent's future:

And I said, 'I don't expect you to carry them [condoms], but if that [sex] ever comes up I would expect you to do that [use a condom].' I said, 'If nothing else, as a protection for you and your future children and after all, you don't want all that responsibility'...but then we talked about the diseases and things that go along with it. For instance, genital herpes and all these other things that you're not gonna die from, but that could cause really big huge problems later... 'How are you going to go to your fiancée and say; Well, I have genital herpes'...and we discussed the fact that guys like to play around but they don't marry the ones they play around with, those girls are toys. But then when it comes right down to it, they marry the person they think will be a good mother to their children. So I've said to her, 'Now what do you want? Do you want to do this [have sex] now and have all the guys call you? Or do you want to have a family later and then have somebody that really cares about you and values you?' And we talked about delayed gratification and how you have to decide now. It has to be a plan. You can't be, 'Well whatever happens.'

One father shared how he and his wife as parents used the occurrence of a pregnant teen who was a friend of the family to talk about sex. “We took that opportunity even as young as they [children] were to explain the results of premarital sexual activity and what happens.”

Advice on How to Broach the Subject

Because discussions about sex can be difficult to bring up with an adolescent, several parents offered advice on how they felt the subject could be addressed. One mother mentioned the use of teachable moments: “Discussions could occur when you’re watching television and see things that are inappropriate.” A father suggested the use of books: “I think you could start when they’re real young and you give them books, children’s books that speak to that [sexuality], and all the way up.” Discussions about the appropriateness of using an event that happened to someone close to the family to talk about sex also occurred. One father said:

Also introducing the element of a third party so it’s [discussion] not a one to one interaction where each other is watching each other’s eyeballs and trying to read everything, but now you can talk about it [sex] in abstract terms of ; ‘This is what this person is saying. What do you think about that? Or here’s what I think about that, or gee, gosh, I never thought about it that way.’ And you begin opening up some possibilities for sharing without being so personally involved.

Another parent discussed a similar issue and spoke of the advantages of using the occasions where “real people” are affected by sex. The father remarked: “If the occasion presents it, go, share it, talk about it, it’s real then because it happened to somebody that I can feel, touch, and have feeling for. It’s much more valuable there than just somebody on TV.”

Importance of Communication

Several parents did discuss the importance of communicating to their children about sex. Most of the parents believed that it was a parent's responsibility to sit their child down and discuss the issues. One father stated:

You have to talk about it [sexuality] with your kids. You can't sit back there and act like it doesn't exist because it does. I don't care if it's a single parent or both parents, you have to be involved, you have to answer their [children's] questions.

Other parents also talked about the importance of having sexual information come from the parents as opposed to other sources. One father commented:

It may not be the easiest dialog, but there needs to be dialog. If there isn't, then the kids are gonna basically listen to other kids...they're gonna get whatever information they get from other people. The trouble is, their [other children's] information may not be very good information.

Another father added:

If you're so uptight personally as an adult about sex that you can't talk about it with your kids when they ask, then that sends a clear message that, 'When I want to know anything, it won't be from my mom and dad. I'm gonna find my own sources.' And depending on who that source is, what kind of source that is, it may be good information or it might be bad information.

One other father noted the importance of discussion due to health risks:

The parents have to look at it and say, 'I can't afford not to talk to my kids. I may not feel comfortable, but I can't afford not to say things to my kids now. I've got to do this because of AIDS, because of the problems that basically would sentence them to

a very early death. It's my obligation as a parent, comfortable or not. I need to talk about it at least some. And if I can't do it, then I need to find somebody else that can.'

So I think for our responsibility as parents that's our job.

Other parents felt that it was important to talk about sex because the more sex is discussed, the easier it may be to talk about in the future. One mother remarked:

If you start [talking about sex] when they're [children] young or just throughout the daily activities when they're young and you take the opportunities to talk about this [sex], by the time they're at a critical stage or age, it makes it a lot easier to talk about these issues.

Other mothers engaged in the following exchange:

And I think the more you talk about it [sex] the easier it gets to talk about it.

Yeah, it becomes...hopefully easier for them [adolescents] to do it [discuss sex] because it's not so strange and forbidden.

It [talking about sex] becomes something that's just part of what you have to do, so that's just what you have to do, you know.

Dilemmas and Barriers to Communication

With regard to communication about sex and sexuality with their adolescents, parents noted some barriers to the occurrence of such discussions. Barriers included the discomfort and embarrassment both parents' and adolescents' experience when talking to one another about sexuality. One father suggested that parents are uncomfortable for the following reason: "I think they [parents] don't know how to express it [sexuality] to their own mate, let alone to adolescents...they[parents] know what they like, but they don't even feel

comfortable saying it to their own mate.” Another father talked about his experience with discomfort:

I’m struck by the notion, at least in our family, when you bring that [sex] up there’s a lot of sensitivity and embarrassment and avoidance, and it’s like they’re [adolescent] trying to get out of the room; ‘I just don’t want to talk about this, this is not pleasant, it makes me uncomfortable.’

Another father speculated on how adolescents may react to discomfort:

You can raise the issue [sex] at home but even if you just come right out at the table with it, there’s a lot of discomfort...they [adolescents] start looking at the doors and you know that they want to be anywhere but sitting right there at the table. And you’re gonna hear responses that they [adolescents] want you to hear. It’s like, ‘Yes dad, I know about that, you’re not telling me anything new’, and ‘No, I won’t’ and you hear everything you want to hear.

Along with the discomfort that arises when having a discussion about sex, parents also felt that mixed messages may be presented during discussions about sexuality. Some parents believed that talking about sex with adolescents may promote sexual behaviors. One mother commented:

I think sometimes parents send the message, ‘We expect this of you, we know you’re gonna do it [have sex]. Kids are just sexual beings so of course we know you’re gonna do it.’ And then kids think, ‘Oh, well, even they [parents] expect me to do it, I guess I’d better get going.’ So sometimes parents without meaning to, they’re trying to be liberal and modern, and they send the message that it [having sex] is OK.

Other parents also worried about the appropriateness of when to discuss sex and sexuality. They worried what parents may be implying by bringing up the topic of sex. One father advised: "You certainly don't do it [talk about sex] as the youngster is beginning to date. Because then you're suggesting that it's okay to be sexually active." Discussing condoms and contraceptives was also thought to present mixed messages. Parents believed if they talked about condoms, that would be assuming that the child was having sex. One father shared:

I've done more teaching whether it's right or wrong to have sexual activity than I've done, 'Use protection.' I have not stressed that. I've not even said that's [using protection] the thing to do. I've spent my time trying to teach and show and encourage them not to have sex.

One mother said: "I have real mixed feelings about the whole thing [talking about contraception] because if you say, 'I don't want you to have sex...but if you do...' Then I think that's kind of giving that mixed message." Another mother declared: "I'm not encouraging my kid to use condoms, I'm encouraging him not to use them." One father revealed: "That's [talking about condoms] to assume that they're [adolescents] not gonna be abstinent in the first place. I guess I'd work on the horse before I worked on the cart."

Although many parents did feel that talking about sex, particularly condoms and other contraceptives may promote sexual behaviors, several other parents did not feel that these mixed messages were as big of a concern. One father said:

The criticism has always been that by talking about the subject [condoms] you were encouraging youngsters to become sexually active, it was the fear of the concern. Now that AIDS has appeared on the scene, I think we're hearing less of that. I think now they're [parents] saying, 'Hey, we want you to stay alive.'

One mother stated:

I used to think that talking about condoms and having condoms available for young children and students was wrong. But that's when I thought the world was black and white...and if they're [adolescents] looking for love in all the wrong places then I would at least like them to be in the wrong place with the right thing available.

Another mother also noted the dangers of believing in mixed messages:

Well you can always say abstinence is the best thing, but when you get right down to the situation, the reality of it is, in the heat of the moment that 'abstinence is the best thing' doesn't enter into the situation [adolescents having sex] at all. So we really haven't given them any tools to use in reality.

Another factor that may decrease the occurrence of communication about sexuality may be the perception parents have that their adolescents are not sexually active and therefore, there is no need to have discussions about sex. One mother described the situation with her daughter:

[Name withheld] is just 14 years old, she's a young freshmen and still isn't really interested in boys yet....I know she hasn't even been kissed yet. I mean, I shouldn't say 'I know' but I know. I hope. But there just hasn't been any of that. The questions really haven't been there yet. So we haven't had the big discussion....I know she would bring it up if she had any concerns or questions, but she just hasn't and I guess I have not sat down with her. And she has really not shown that desire yet. We discuss a lot of other things, and I probably should sit down with her and say, 'Ok, we need to talk' but hopefully we have a good enough relationship that she would come to me when she does have a question.

Another mother reported: “Now I don’t know because none of my kids are in any type of serious relationship so I’ve not been exposed to, been very close to the problem [discussing condoms and contraception].”

Topics Parents Felt Necessary to Discuss

When talking about sex and sexuality with their adolescents, parents felt that several issues should be addressed, whether those issues are brought up by parents or through formal sex education programs. The laundry list provided by parents includes: “anatomy and physiology”, “the mechanics”, “sexually transmitted diseases...birth control”, and “facts and myths”. Parents also wanted their children to be aware of the consequences of early sexual activity and the responsibilities that come with having sex. One father said:

Consequences, the variety of things from pregnancy to venereal disease to AIDS...that there is more to it [sex] than just the act because just the act in-itself is over and done with, where the sex needs to be with emotions and feelings for the two people together.

One mother stated:

I think we need to talk about reasons that teens have sex, reasons that teens choose not to have sex, and other reasons, good reasons. And what is a good reason to decide to have sex? And is there a good reason as a teen? And what are the responsibilities that go with that?

Parents also wanted to make sure that adolescents were aware of “peer pressure” and that they knew about “self-concept” so that they could be strong in their decisions regarding sexual intercourse. Some parents also wanted to address issues that may increase the adolescents’ awareness and acceptance of diversity. One mother mentioned:

It's [masturbation] a topic that I think certainly needs to be discussed...and an equally touchy topic is homosexuality. Homosexuality is real tough on teenagers because they are so unsure of themselves that they can't accept a difference in someone else. And that would be a topic that I wish could be discussed with less emotion and more compassion.

A father suggested: "The use of rituals that might occur with sexual behaviors. It might be meaningful to expose students to sexual practices in other cultures." One mother noted: "It would be an important aspect here to just understand that sex doesn't end when you're a teenager. That older people do this too."

Finally, parents also addressed the importance of timing regarding discussions of sex and its related topics. One father stated: "People just don't understand how early you have to start. I don't care if it's in school, it's at the doctor's office, how early you have to start with the education of your child. It starts immediately." Another father talked about the problem with how late formal sex education starts:

I think it [sexuality education] should be done more than just right now...it's only about eight weeks of health. I think they [adolescents] need to get at least another shot of it in high school. But they [sexual educators] need to start it earlier, because a lot of kids become sexually active before they ever even hit the high school. So they need to be doing it often enough and early enough so the kids are presented and know the information so at least they can make a wise choice.

One mother noted her concern: "But it's so hard to know when the time is right because all children are so different."

The discussions these focus groups has helped provide insight into the involvement of parents in the lives of children. Both parents and adolescents felt that parents were influential role models who instilled sexual values and morals into their children. The importance of being involved in the sexual education process was also discussed by both adolescents and parents with some varying degree. The discussions also shed light on the experiences of adolescents and parents and communication about sex. The dilemmas of communication and the topics that should be addressed were also important themes that emerged from the focus group data.

CHAPTER FOUR

DISCUSSION

Limitations

The limitations of this study are those often associated with qualitative research. The first limitation is the small sample size used in this study. Because of the small sample size the results are not generalizable. However, the limited number of participants allowed for greater depth into the research area. It should be noted that all participants were from a European American background and had higher than average family incomes. Therefore, any application of these results must be made to similar populations as opposed to other ethnic and cultural groups and to those in a lower income bracket. Another limitation may be the manner in which the participants were recruited. Due to the sensitive nature of sexuality and the adolescent population that was studied, snowball sampling was employed. The lack of random sampling also limits the generalizability of the results. In addition, those who were willing to participate in the study may have been more inclined to talk about sex and sexuality and may have differed from those who choose not to participate.

As was previously noted, all of the adolescent participants reported they were virgins. This lack of variability in sexual experience may be another limitation of the sample. Without a comparison group of adolescents who have engaged in sexual intercourse, the results again are limited in who they may be generalized to. However, concentrating on families with adolescents who reported themselves as being virgins, provides insight into what these families are doing that may be preventing adolescents from engaging in sexual intercourse.

An additional limitation is that the qualitative and quantitative data of each participant are unable to be matched up to one another. Again, due to the sensitivity of the research, human subjects would not allow any identifiers on the surveys and therefore the participants' responses on the questionnaires could not be paired to the focus group information. Finally, due to the nature of the design and that secondary data analysis was used, validity may be threatened. Because the data collection took place in another state member checks were not able to be conducted. Even with these limitations, the study was able to provide insight into the processes of these families that other research may not have been able to accomplish. The results of the present study also offer implications and directions for future research.

Summary of Results

The purpose of this research was to determine how parents were involved in their child's sexual upbringing and the extent of communication between parents and adolescents about sex and sexuality. Previous research has looked at the ways in which parents have been influential but little have described exactly how this takes place. Similarly, research has been conducted regarding parent-adolescent communication about sex, but few if any, have focused on the content and process of communication.

The results of the adolescent focus group data suggests that these adolescents are influenced by their parents. The influence of parents was usually seen through the modeling of behaviors that the adolescent focus groups discussed. The adolescent participants all felt that it was important for parents to be a part of the sexual education of their children, but to a limited extent. Adolescents were willing to have parents be a part of the process but would not go as far as to say that parents should be allowed to participate in formal sex education programs that take part in the schools. However, these adolescents did report a desire to have

more information about sex come from their parents. Similar results were found in a study by Sanders and Mullis (1988) who noted that most of the female adolescent respondents in their study indicated that they believed sex education should come from the parents. The respondents also noted that parents provided less information about sex than was desired but that they were still influential in their lives.

The parent focus groups echoed similar responses to the adolescents' feeling they themselves were influential through role modeling. Parents also reported being involved in the sexual socialization of their children through the monitoring of their adolescent's behaviors. Along with the adolescents, parent participants believed they should be involved in the sex education of their children, however the degree to which they should participate varied among the parents. Some felt that it would be beneficial to be a part of the formal sex education programs at school, whereas others felt that this may impose on the adolescent students. All of these comments by both adolescents and parents spoke to the importance of parents being involved in the lives of their children. The significance of parents being involved in sex education is further illustrated in previous research that suggests when parents are the primary sex educators, their children were less likely to become involved in sexual intercourse and less likely to be sexually promiscuous (Lewis, 1973).

In addition to the topic of parental involvement in the lives of children, parents and adolescents also offered several comments relating to communication about sex and sexuality. The results of the adolescent focus groups suggest that little information about sex is being passed to the adolescent through conversations with the parent. The adolescents reported their experiences with communication as minimal. If the conversations did occur they were infrequent and noted as occurring in a "lecture" type format. Both male and female

adolescents reported the appropriateness of a question/answer session where the adolescent and parent engaged in a discussion about sex. During the focus group sessions, adolescents also expressed a desire to learn more about sex from their parents. By involving both the parent and adolescent and encouraging each to ask and answer questions, adolescents may feel more comfortable talking with parents and therefore, may approach parents with further questions. This is supported by a study conducted by the Kaiser Family Foundation and Children Now, who surveyed parents and adolescents about sex. The results from this study indicated that children ages 10-15 were more likely to go to their parents regarding difficulties they were having if they had previously discussed sex with their parents. Specifically 72% of the respondents, who reported talking to their parents about sex, said they would talk to their parents if they were dealing with pressure to have sex. However, only 57% of children who reported they had not discussed sex with their parents reported they would talk to their parents about the same issue. Clearly, these results should encourage parents to discuss sexuality more frequently and in a manner which solicits questions from the adolescent as opposed to demanding the child abstain from sex which may suppress any desire the adolescent has to talk to their parents about sex and sexuality.

When the adolescent and parent focus groups engaged in conversations about their thoughts regarding communication and sex, both groups noted many of the same dilemmas they felt kept them from having discussions about sex with one another. The discomfort that occurs between parents and adolescents when talking about sex was a major theme in both the adolescent and parent data. Both groups expressed the way they felt when engaging in conversations with one another, however, it was more difficult for the participants to express why they felt such discomfort. Previous studies would suggest that the secrecy surrounding

sex and the taboos and fears of incest promote feelings of discomfort (Lear, 1995). It is important to note that both parents and adolescents reported feelings of discomfort in the focus group setting. Other studies have found that parents indicated feeling very comfortable discussing sex with their adolescent when measured quantitatively. However, further probing with qualitative data revealed that parents were not as comfortable as first reported (Nolin & Peterson, 1992). Therefore, the qualitative nature of this study has allowed for a similar in depth analysis of the participants.

Adolescents also touched on the idea of mixed messages being a dilemma to engaging in discussions about sex. The adolescent participants acknowledged the dilemmas that parents may face, although they did not agree that talking about sex or condom use would lead to increased sexual behaviors on their part. Parents, however, were very concerned about the mixed messages they may be giving to their adolescent by talking about sex and especially by talking about condoms and other contraceptives. Parents felt that by discussing such issues, they were assuming that their child was not abstaining and that they may be sending a message to their adolescent that it is okay to have sex. Some parents did not believe in such mixed messages and realized that in the changing face of sexuality, contraceptives needed to be discussed in order to reduce the risk of HIV/AIDS and other sexually transmitted diseases.

Finally, both the adolescent and parent focus groups mentioned the issues that they would like discussed when talking about sex and sexuality. Adolescents addressed issues that they would like further information on including sexual restraint and diseases and STDs. Parents provided more of a laundry list of the topics that they felt were important to talk to their adolescents about. Parents were also more inclined to talk about the importance of

values, consequences, responsibilities, peer pressure, self-esteem, and diversity. When addressing such issues as these, parents must be careful to broach and discuss these topics with their adolescents in a manner that doesn't feel forceful or doesn't resemble a lecture, as this may promote the adolescent to feel uncomfortable or resistant to engaging in the discussion.

Implications

The results of these focus group data provide many benefits in the area of adolescent sexuality. Both parents and adolescents listed several topics they felt were necessary to discuss, therefore, an abstinence based program does not seem to meet the needs of the participants in this study. Hence, formal comprehensive sexuality education programs may be supported by the results of this project. Tolman (1999) suggests that most sexual education programs that are based on abstinence are mostly unsuccessful. She notes that comprehensive sex education (which includes teachings of contraception) does not promote adolescents to have sex and that abstinence programs do not prevent adolescents from having sex. Further, comprehensive sex education is associated with increased condom and contraception use for those who to engage in sexual intercourse, whereas adolescents who have participated in abstinence based programs are less likely to use condoms and contraception should they engage in sex (Tolman, 1999). These results combined note that abstinence based programs are not effective in preventing adolescents from engaging in sexual intercourse and may limit the practice of safe sex among adolescents. Due to the fact that both parents and adolescents in the present study wish to discuss a wide array of topics that may not be presented in abstinence based programs, there may be a need to reevaluate many of the abstinence based sex education programs.

The results of this study may also be used as a starting point for a communication training program. Clearly, to implement such a program, further research would need to be conducted with a larger representative sample. However, these results could serve as a guide for such research. Communication training programs could be created in order to provide parents with information they need when talking to their children about sex. The adolescents in this study requested that parents be open and honest and engage in conversation about sex as opposed to lecturing. A communication training program may be able to help parents realize how to talk with their children in that manner. Parents should also understand that they need to address many more issues than they may be prepared to. Discussion needs to contain not only the “birds and the bees” but additional information about STDs, contraception, coercion, the role of alcohol in sex, as well as several other issues. Due to the fact that many parents may not be extremely knowledgeable in these areas (as noted by the adolescents in this study), a communication training program may be able to provide parents with the clinical tools they need to talk about issues such as STDs and contraception.

The need for some form of training is also justified in study conducted by Whitaker, Miller, and Levin (1999) whose results revealed that the positive aspects of parent-adolescent communication (measured by condom use and discussion with current partner about sex) may only be present when parents are able to communicate in a skilled, comfortable, and open manner. Since such conversations are often difficult to have, it may be helpful for parents to engage in a process where they are aware of other parents who are experiencing the same difficulties and to discuss those difficulties in an environment that is open, informal, and nonjudgmental. A communication training program could offer not only the skills and

knowledge parents need to have when discussing sex, but could also provide an environment where discussions could take place and ideas could be shared among parents.

Finally, these results should be used to encourage parents to engage in conversations about sex and sexuality with their adolescents. The adolescent participants in this study noted they felt their parents were important in their lives, but were not a main source of information. Although some parents may feel that their adolescent is receiving adequate information from the school and other sources, it is important that sexual education come from the parent as well. Parents can not only provide more accurate information than an adolescent's peers; but through the communication process, parents may be able to transmit some of the values and morals they hold regarding sex and sexuality. Many of the parents in this study believed that the adolescent would approach them with questions should they have any. However, the adolescents reported that if they had questions they would be unlikely to approach their parents. Thus, it is important for parents to take advantage of the "teachable moments" participants in this study addressed. For instance, when watching television or a movie and something relating to sex or sexuality is presented, that may be a good time to broach the topic and engage in a discussion about sex as opposed to turning the channel and sending a message to the child that sex is something that is not talked about.

Parents should also be encouraged to begin talking about sex with their children while they are at a young age. However, as one parent noted, it is important to make sure that the ideas expressed and the level of detail involved is developmentally appropriate. The results of this study do support the idea that more communication should take place between parents and adolescents and as a result, parents should be encouraged to talk to their children more frequently, about more topics, while creating an open, honest, and safe environment.

Directions For Future Research

Future research in this particular area should include a more diverse sample taken in a random fashion, in order to increase generalizability. Further studies could also include a similar qualitative approach that utilizes focus groups, however, a comparison group could be added. By studying both virgin and nonvirgin adolescents, comparisons could be made between the groups. This type of study could shed light on how the parents of virgin adolescents differ in their involvement in their children's lives as well as how communication patterns may differ from the parents of nonvirgin adolescents. The adolescents themselves may also possess characteristic differences that could be revealed through such a study. Perhaps the most important aspect for future researchers studying parent-adolescent dimensions of sexuality is to be aware of the importance of including all members of the triad. Adolescent males and females as well as mothers and fathers should be studied in order to gain greater insight into this area.

Research in the future should also consider the impact of gender in adolescent sexuality. Previous research concludes that mothers are more prone to be sexual educators because they are more likely to be primary caregivers. Due to the fact that mothers are more inclined to talk to their daughters than to their sons about sex, sons are often left out of the process. One could speculate that this is why fathers, who once were sons themselves, do not participate in the sexual education of their own children. Studies may also be able to assess the differences in mothers' and fathers' communication styles and how that subsequently influences adolescent sexual behavior and sexual knowledge of both male and female adolescents.

Longitudinal research could also be conducted to assess the final decision making process regarding adolescents' engagement in sexual intercourse. Researchers may be able to combine both the content and process of communication between adolescents and parents in order to determine their joint effect on decision making. Based on the dimensions of communication discussed in this study, a scale could be created and normed on a large representative sample. After the development of psychometric properties is complete, both mothers and fathers as well as male and female adolescents could be surveyed on several separate occasions throughout a three to four year period during adolescence. The results may be used in order to determine how responses on the communication scale change over time and how those changes affect the adolescent's decision to engage in sexual intercourse. Further, whether or not adolescents are engaging in risky behaviors could be assessed to discover what effect discussion content and discussion process have on such behaviors.

If possible, experimental research may be an option for sexuality education and communication training programs. Adolescents could be randomly assigned to participate in a comprehensive sexuality education program or to a control group. Participants could be pre-tested, receive either the treatment (sexuality education) or the control and then post-tested with later follow-up tests. This design may provide insight into the effect, if any, sexuality education has sexual decision making, sexual knowledge, and participation in risky sexual behaviors. Similarly, a study conducted with parents in a related fashion, with the treatment being participation in communication training, may provide results that could determine the effectiveness of such a program. However, it should be noted that such a study may be fairly difficult to conduct due to ethical concerns regarding the adolescent population.

Conclusions

The findings of the focus group interviews provide information not only on *if* parents are involved in the sexual socialization of their children, but also on *how* they are involved. The results of the parent-adolescent communication comments provide similar insights supplying an in-depth analysis into the process and content of communication about sex and sexuality. The results also provide several suggestions and ideas for parents to become involved in their children's lives as sexuality educators.

It is important for parents to be active members in the sexual education of their children. Information about sex that comes from parents is more reliable than information that comes from peers, therefore, parents need to be involved in the process in order to reduce risky sexual behaviors that may occur as a result of lack of knowledge about engaging in sexual behaviors. Although discussions about sex (particularly condoms, contraception, and STDs) are difficult, parents need to work through these difficulties in order to provide their children with what could possibly be life saving information. By working through these dilemmas, and frequently engaging in conversations about sex, one would hope that future discussions would be less difficult for parents and adolescents to have.

The sexual socialization of children is a long process that begins during infancy. Parents who are able to create an environment that is open and honest throughout the lifespan of the child may have an easier time discussing the difficult issues that adolescents are facing. The stage of adolescence is increasing in length due to the decline in the age of onset of puberty and the increase in higher education leading to delayed marriage. This longer span of adolescence creates an even greater need for reaching children at an early age and promoting healthy, responsible sexual behaviors.

APPENDIX A
INFORMED CONSENT

WESTERN MICHIGAN UNIVERSITY

Principal Investigator: Dr. Ronald Jay Wilson, Assistant Professor of Family Studies

I understand that I have been invited to participate in a research project entitled "Influences on Adolescent Sexuality." The purpose of this study is to identify the variables that influence adolescent sexual behavior.

My consent to participate in this study means that I will be administered several self-report evaluation instruments to measure (a) life satisfaction; (b) sexual attitudes; (c) sexual behavior; and (d) family relationships and functioning. I understand that I will also participate in focus group interviews in which I will discuss variables that influence sexual behavior. The focus groups will be audiotaped and transcribed; the tapes will be erased following transcription and all identifying information will be eliminated from the transcript in order to protect my confidentiality.

I understand that I am free at any time -- even during the focus group interviews -- to choose not to participate. If I refuse or quit, there will be no negative effect. Although there may be no immediate benefits to myself for participating, there may eventually be benefits to others who engage in risky sexual practices because information provided in these interviews will be used to develop programs designed to encourage responsible sexual behavior.

As in all research, there may be unforeseen risks to me. If an accidental injury occurs, appropriate emergency measures will be taken; however no compensation or treatment will be made available to me except as otherwise specified in this consent form. I will complete surveys that inquire about self-esteem, sexual history, and relationships. It is possible, since sexual behavior is discussed, I may experience discomfort related to guilt or shame; it is also possible that victims of sexual abuse may experience discomfort. I also understand that the researcher is required by Michigan law to notify Protective Services for Children in the Department of Social Services for Kalamazoo County about reports of sexual abuse.

I understand that all the information collected from me is confidential. This means that my name will not be on any forms and that you will use a code number instead. I also understand that the focus group sessions will be audiotaped, but the tapes will be erased after they have been transcribed. All information that could identify me will be eliminated from the transcript.

If I have any questions or concerns about this study, I may contact Dr. Wilson at 387-3434. I may also contact the Chair of Human Subjects Institutional Review Board (387-8293) or the Vice President for Research (387-8298) with any concerns that I have.

My signature below indicates that I understand the purpose and requirements of the study and that I agree to participate.

Signature

Date

APPENDIX B

SURVEY QUESTIONS

Parent Survey

Demographic Characteristics

1. Which of these groups best describes your national origin of ancestry?
☐ African American or Black
☐ Alaskan Native
☐ Asian or Pacific Indian
☐ European American or White
☐ Native American or American Indian
☐ Other (specify) _____
2. How old were you on your last birthday? _____
3. What is your sex?
☐ Female
☐ Male
4. What is your marital status right now? (circle only one number)
1 Married
2 Living Together
3 Widowed
4 Divorced or Annulled
5 Separated
6 Never Married
5. How many times have you been married? (Circle the number of your answer)
1 None, I have never been married
2 Once
3 Two Times
4 Three Times
5 Four Times or More
6. If you are married or living together how many years have you been together with your current partner? (fill in the blank) _____
7. Do you consider yourself to be: (circle the number of your answer)
1 Not Religious
2 Slightly Religious
3 Moderately Religious
4 Strongly Religious

8. How active are you in a church or religious group? (Circle the number of your answer)

1 Not Involved At All
 2 Somewhat Involved
 3 Quite Involved
 4 Very Involved
 5 This Question Is Not Applicable

9. What is (are) your job(s) or occupation(s) right now? (fill in the blank)
-

10. What is the highest grade or year you completed in your education? (Circle only one number for your answer)

<u>Grade School</u>	<u>High School</u>	<u>Trade School/College</u>
Grade 1	Grade 9	Year 13
2	10	14 College Diploma
3	11	15
4	12 High School	16 Bachelor's Degree
5	Diploma/GED	17 Graduate School
6		18
7		19
8		20+

11. How much money did you personally earn last year before taxes and other deductions?

_____ Less than \$10,000
 _____ Between \$10,000 and \$20,000
 _____ Between \$20,000 and \$30,000
 _____ Between \$30,000 and \$40,000
 _____ Between \$40,000 and \$50,000
 _____ Between \$50,000 and \$60,000
 _____ Between \$60,000 and \$70,000
 _____ More than \$70,000

12. Think of those members of your family with whom you have shared income and expenses during the past year. From all sources of income, including your own, what was the total income of these family members in the past 12 months (before any deductions)?
- ☐ Less than \$10,000
 - ☐ Between \$10,000 and \$20,000
 - ☐ Between \$20,000 and \$30,000
 - ☐ Between \$30,000 and \$40,000
 - ☐ Between \$40,000 and \$50,000
 - ☐ Between \$50,000 and \$60,000
 - ☐ Between \$60,000 and \$70,000
 - ☐ More than \$70,000

13. How many children under the age of 17 live with you? _____

14. How old was your child who is participating in this project on her/his last birthday?

Information About Adolescent

Answer the following questions as they apply to your child who is participating in this research project?

15. If your child is a daughter, how old was she when she had her first menstrual period?

16. As far as you are aware, how many of your child's friends have had sex? Is it

- ☐ All of them?
- ☐ Most of them?
- ☐ About half?
- ☐ Some?
- ☐ None?

17. To your knowledge, has your child ever had sexual intercourse?

- ☐ Yes
- ☐ No

18. Has your child ever been pregnant or been responsible for getting someone pregnant?

- ☐ Yes
- ☐ No

19. During the past 12 months, how often do you think your child used alcohol?
 _____ Daily
 _____ Weekly
 _____ Monthly
 _____ Less Often
 _____ Not at all
20. During the past 12 months, how often do you think your child used marijuana?
 _____ Daily
 _____ Weekly
 _____ Monthly
 _____ Less Often
 _____ Not at all

Sex Roles

Please record your level of agreement for each item, depending on whether you strongly agree, agree, disagree, or strongly disagree with it.

- 1 = Strongly Agree
 2 = Agree
 3 = Disagree
 4 = Strongly Disagree

- _____ 21. A woman's place is in the home, not at work.
 _____ 22. A working wife feels more useful than one who doesn't hold a job.
 _____ 23. The employment of wives leads to more juvenile delinquency
 _____ 24. Employment of both parents is necessary.
 _____ 25. Men should share housework and childcare.
 _____ 26. Women are happier if they remain at home and take care of the children.
 _____ 27. Children are better off if their mothers do not work outside the home.
 _____ 28. Single women should not have children, even if they want to.
 _____ 29. After a divorce, the mother should automatically get custody of all children.
 _____ 30. A guy will lost respect if he talks about his problems.
 _____ 31. A man should be physically tough.
 _____ 32. I could be friends with a gay person.
 _____ 33. A working mother can have just as good a relationship with her children as a mother who stays home full time.
 _____ 34. It is much better for everyone if the man earns the money and the women takes care of the home and family.
 _____ 35. In a dating relationship, most girls take advantage of the guy.

SAS

These questions are designed to measure the way you feel about sexual behavior. Answer each item as carefully and as accurately as you can by placing a number beside each one based on the following scale:

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Neither agree nor disagree
- 4 = Agree
- 5 = Strongly agree

- _____ 1. I think there is too much sexual freedom given to adults these days.
- _____ 2. I think that increased sexual freedom undermines the American family.
- _____ 3. I think that young people have been given too much information about sex.
- _____ 4. Sex education should be restricted to the home.
- _____ 5. Older people do not need to have sex.
- _____ 6. Sex education should be given only when people are ready for marriage.
- _____ 7. Pre-marital sex may be a sign of decaying social order.
- _____ 8. Extra-marital sex is never excusable.
- _____ 9. I think there is too much sexual freedom given to teenagers these days.
- _____ 10. I think there is not enough sexual restraint among young people.
- _____ 11. I think people indulge in sex too much.
- _____ 12. I think the only proper way to have sex is through intercourse.
- _____ 13. I think sex should be reserved for marriage.
- _____ 14. Sex should be only for the young.
- _____ 15. Too much social approval has been given to homosexuals.
- _____ 16. Sex should be devoted to the business of procreation.
- _____ 17. People should not masturbate.
- _____ 18. Heavy sexual petting should be discourage.
- _____ 19. People should not discuss their sexual affairs or business with others.
- _____ 20. Severely handicapped (physically and mentally) people should not have sex.
- _____ 21. There should be no laws prohibiting sexual acts between consenting adults.
- _____ 22. What two consenting adults do together is their own business.
- _____ 23. There is too much sex on television.
- _____ 24. Movies today are too sexually explicit.
- _____ 25. Pornography should be totally banned from our bookstores.

MSBI

- _____ 26. People should only experiment with sex and sex play if they are married.
- _____ 27. People should only experiment with sex and sex play if they are in love.
- _____ 28. Sex and sex play are okay for all people, regardless of relationship status, if they are honest about the motives.
- _____ 29. Sex is healthy.
- _____ 30. Overall, I feel good about my sexuality.

FAD

This questionnaire contains a number of statements about families. Please read each statement carefully, and decide how well it describes your own family. You should answer according to how you see your family. For each statement below there are (4) possible responses:

- 1 = Strongly Agree
- 2 = Agree
- 3 = Disagree
- 4 = Strongly Disagree

Select 1 if you feel that the statement describes your family accurately.

Select 2 if you feel that the statement describes your family for the most part.

Select 3 if you feel that the statement does not describe your family for the most part.

Select 4 if you feel that the statement does not describe your family at all.

Try not to spend too much time thinking about each statement. Please be sure to answer every statement.

- _____ 1. Planning family activities is difficult because we misunderstand each other.
- _____ 2. We resolve most everyday problems around the house.
- _____ 3. When someone is upset the others know why.
- _____ 4. When you ask someone to do something, you have to check that they did it.
- _____ 5. If someone is in trouble, the others become too involved.
- _____ 6. In times of crisis we can turn to each other for support.
- _____ 7. We don't know what to do when an emergency comes up.
- _____ 8. We sometimes run out of things that we need.
- _____ 9. We are reluctant (slow) to show our affection for each other.
- _____ 10. We make sure members meet their family responsibilities.
- _____ 11. We cannot talk to each other about the sadness we feel.
- _____ 12. We usually act on our decisions regarding problems.
- _____ 13. You only get the interest of others when something is important to them.
- _____ 14. You can't tell how a person is feeling from what they are saying.
- _____ 15. Family tasks (jobs) don't get spread around enough.
- _____ 16. Individuals are accepted for what they are.
- _____ 17. You can easily get away with breaking the rules.
- _____ 18. People come right out and say things instead of hinting at them.
- _____ 19. Some of us just don't respond emotionally.
- _____ 20. We know what to do in an emergency.
- _____ 21. We avoid discussing our fears and concerns.
- _____ 22. It is difficult to talk to each other about tender feelings.
- _____ 23. We have trouble meeting our bills.
- _____ 24. After our family tries to solve a problem, we usually discuss whether it worked or not.
- _____ 25. We are too self-centered.

- 1 = Strongly Agree
- 2 = Agree
- 3 = Disagree
- 4 = Strongly Disagree

- _____ 26. We can express feelings to each other.
- _____ 27. We have no clear expectations about toilet habits (personal cleanliness).
- _____ 28. We do not show our love for each other.
- _____ 29. We talk to people directly rather than through go-betweens.
- _____ 30. Each of us has particular duties and responsibilities.
- _____ 31. There are lots of bad feelings in the family.
- _____ 32. We have rules about hitting people.
- _____ 33. We get involved with each other only when something interests us.
- _____ 34. There's little time to explore personal interests.
- _____ 35. We often don't say what we mean.
- _____ 36. We feel accepted for what we are.
- _____ 37. We show interest in each other when we can get something out of it personally.
- _____ 38. We resolve most emotional upsets that come up.
- _____ 39. Tenderness takes second place to other things in our family
- _____ 40. We discuss who is to do household jobs.
- _____ 41. Making decisions is a problem for our family.
- _____ 42. Our family shows interest in each other only when they can get something out of it.
- _____ 43. We are frank (direct) with each other.
- _____ 44. We don't hold to any rules or standards.
- _____ 45. If people are asked to do something, they need reminding.
- _____ 46. We are able to make decisions about how to solve problems.
- _____ 47. If the rules are broken, we don't know what to expect.
- _____ 48. Anything goes in our family.
- _____ 49. We express tenderness.
- _____ 50. We confront problems involving feelings.
- _____ 51. We don't get along well together.
- _____ 52. We don't talk to each other when we are angry.
- _____ 53. We are generally dissatisfied with the family duties assigned to us.
- _____ 54. Even though we mean well, we intrude too much into each others lives.
- _____ 55. There are rules about dangerous situations.
- _____ 56. We confide in each other.
- _____ 57. We cry openly.
- _____ 58. We don't have reasonable transportation.
- _____ 59. When we don't like what someone has done, we tell them.
- _____ 60. We try to think of different ways to solve problems.

SWLS

Below are five statements with which you may agree or disagree. Using the scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item.

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Slight disagree
- 4 = Neither agree nor disagree
- 5 = Slightly agree
- 6 = Agree
- 7 = Strongly agree

- _____ 1. In most ways, my life is close to ideal.
- _____ 2. The conditions of my life are excellent.
- _____ 3. I am satisfied with my life.
- _____ 4. So far, I have gotten the important things I want in life.
- _____ 5. If I could live my life over, I would change almost nothing.

Thank you for completing this survey.

Adolescent Survey

Demographic Characteristics

1. Which of these groups best describes your national origin of ancestry?
☐ African American or Black
☐ Alaskan Native
☐ Asian or Pacific Indian
☐ European American or White
☐ Native American or American Indian
☐ Other (specify) _____
2. How old were you on your last birthday? _____
3. What is your sex?
☐ Female
☐ Male
4. What is your current class standing?
☐ Freshman
☐ Sophomore
☐ Junior
☐ Senior

Sexuality

5. How old were you when you had your first menstrual period? _____
6. As far as you are aware, how many of your unmarried friends have had sex? Is it
☐ All of them?
☐ Most of them?
☐ About half?
☐ Some?
☐ None?
7. Have you ever had sexual intercourse?
☐ Yes
☐ No
8. How old were you the first time you had sexual intercourse? _____
9. How many times have you had sexual intercourse in the past month? _____
10. How many times have you sexual intercourse in the past year? _____
11. How many partners have you ever had intercourse with? _____

12. Since you turned 15, how many times, if ever, have you had sex with someone of the opposite sex? _____
13. Since you turned 15, how many times, if ever, have you had sex with someone of the same sex? _____
14. The first time you had sexual intercourse, did you or your partner use any method of birth control?
_____ Yes
_____ No
15. Do you use birth control
_____ All of the time?
_____ Most of the time?
_____ About half of the time?
_____ Some of the time?
_____ Never?
16. Which of the following forms of birth control have you ever used?
_____ Condom, rubber
_____ Condom and foam, used together
_____ Diaphragm
_____ Foam
_____ IUD
_____ Pill
_____ Norplant
_____ Other (specify) _____
17. Which of the following forms of birth control do you use regularly?
_____ Condom, rubber
_____ Condom and foam, used together
_____ Diaphragm
_____ Foam
_____ IUD
_____ Pill
_____ Norplant
_____ Other (specify) _____
18. Have you ever been pregnant or been responsible for getting someone pregnant.
_____ Yes
_____ No

Income

19. How much money did you personally earn last year before taxes and other deductions?
- ☐ Less than \$10,000
 - ☐ Between \$10,000 and \$20,000
 - ☐ Between \$20,000 and \$30,000
 - ☐ Between \$30,000 and \$40,000
 - ☐ Between \$40,000 and \$50,000
 - ☐ Between \$50,000 and \$60,000
 - ☐ Between \$60,000 and \$70,000
 - ☐ More than \$70,000
20. Think of those members of your family with whom you have shared income and expenses during the past year. From all sources of income, including your own, what was the total income of these family members in the past 12 months (before any deductions)?
- ☐ Less than \$10,000
 - ☐ Between \$10,000 and \$20,000
 - ☐ Between \$20,000 and \$30,000
 - ☐ Between \$30,000 and \$40,000
 - ☐ Between \$40,000 and \$50,000
 - ☐ Between \$50,000 and \$60,000
 - ☐ Between \$60,000 and \$70,000
 - ☐ More than \$70,000

Alcohol and Drug Use

21. During the past 12 months, how often did you use alcohol?
- ☐ Daily
 - ☐ Weekly
 - ☐ Monthly
 - ☐ Less often
 - ☐ Not at all
22. During the past 12 months, how often did you use marijuana?
- ☐ Daily
 - ☐ Weekly
 - ☐ Monthly
 - ☐ Less often
 - ☐ Not at all

23. During the past 12 months, how often have you used other drugs such as LSD, uppers, or downers?
- _____ Daily
 _____ Weekly
 _____ Monthly
 _____ Less often
 _____ Not at all
24. During the past 12 months, how often did you use cocaine, crack, or snow?
- _____ Daily
 _____ Weekly
 _____ Monthly
 _____ Less often
 _____ Not at all

Sex Roles

Please record your level of agreement for each item, depending on whether you strongly agree, agree, disagree, or strongly disagree with it.

- 1 = Strongly Agree
 2 = Agree
 3 = Disagree
 4 = Strongly Disagree

- _____ 25. A woman's place is in the home, not at work.
- _____ 26. A working wife feels more useful than one who doesn't hold a job.
- _____ 27. The employment of wives leads to more juvenile delinquency
- _____ 28. Employment of both parents is necessary.
- _____ 29. Men should share housework and childcare.
- _____ 30. Women are happier if they remain at home and take care of the children.
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- _____ 32. Single women should not have children, even if they want to.
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- _____ 35. A man should be physically tough.
- _____ 36. I could be friends with a gay person.
- _____ 37. A working mother can have just as good a relationship with her children as a mother who stays home full time.
- _____ 38. It is much better for everyone if the man earns the money and the women takes care of the home and family.
- _____ 39. In a dating relationship, most girls take advantage of the guy.

Residential Information

40. How many people do you live with? _____
41. Are your biological parents
_____ married to each other?
_____ divorced?
_____ separated?
42. Do you live
_____ with both biological parents?
_____ with one biological parent?
_____ with other relatives?
_____ in another situation? (Explain) _____
43. How many siblings do you have? _____
44. How many children under the age of 17 live with you? _____

Relationship Information

45. Which of the following describes your relationship status?
_____ Not involved in a romantic relationship.
_____ Casually dating.
_____ Dating someone exclusively.
_____ Married.
46. If you are in a relationship, how long have you been in it? _____
47. Would you describe your sexual orientation as
_____ Exclusively heterosexual
_____ Mostly heterosexual
_____ Bisexual
_____ Mostly homosexual
_____ Exclusively homosexual

SAS

These questions are designed to measure the way you feel about sexual behavior. Answer each item as carefully and as accurately as you can by placing a number beside each one based on the following scale:

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Neither agree nor disagree
- 4 = Agree
- 5 = Strongly agree

- _____ 1. I think there is too much sexual freedom given to adults these days.
- _____ 2. I think that increased sexual freedom undermines the American family.
- _____ 3. I think that young people have been given too much information about sex.
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- _____ 5. Older people do not need to have sex.
- _____ 6. Sex education should be given only when people are ready for marriage.
- _____ 7. Pre-marital sex may be a sign of decaying social order.
- _____ 8. Extra-marital sex is never excusable.
- _____ 9. I think there is too much sexual freedom given to teenagers these days.
- _____ 10. I think there is not enough sexual restraint among young people.
- _____ 11. I think people indulge in sex too much.
- _____ 12. I think the only proper way to have sex is through intercourse.
- _____ 13. I think sex should be reserved for marriage.
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- _____ 22. What two consenting adults do together is their own business.
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MSBI

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- _____ 27. People should only experiment with sex and sex play if they are in love.
- _____ 28. Sex and sex play are okay for all people, regardless of relationship status, if they are honest about the motives.
- _____ 29. Sex is healthy.
- _____ 30. Overall, I feel good about my sexuality.

FAD

This questionnaire contains a number of statements about families. Please read each statement carefully, and decide how well it describes your own family. You should answer according to how you see your family. For each statement below there are (4) possible responses:

- 1 = Strongly Agree
- 2 = Agree
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- 4 = Strongly Disagree

Select 1 if you feel that the statement describes your family accurately.

Select 2 if you feel that the statement describes your family for the most part.

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Try not to spend too much time thinking about each statement. Please be sure to answer every statement.

- _____ 1. Planning family activities is difficult because we misunderstand each other.
- _____ 2. We resolve most everyday problems around the house.
- _____ 3. When someone is upset the others know why.
- _____ 4. When you ask someone to do something, you have to check that they did it.
- _____ 5. If someone is in trouble, the others become too involved.
- _____ 6. In times of crisis we can turn to each of the for support.
- _____ 7. We don't know what to do when an emergency comes up.
- _____ 8. We sometimes run out of things that we need.
- _____ 9. We are reluctant (slow) to should our affection for each other.
- _____ 10. We make sure members meet their family responsibilities.
- _____ 11. We cannot talk to each other about the sadness we feel.
- _____ 12. We usually act on our decisions regarding problems.
- _____ 13. You only get the interest of others when something is important to them
- _____ 14. You can't tell how a person is feeling from what they are saying.
- _____ 15. Family tasks (jobs) don't get spread around enough.
- _____ 16. Individuals are accepted for what they are.
- _____ 17. You can easily get away with breaking the rules.
- _____ 18. People come right out and say things instead of hinting at them.
- _____ 19. Some of us just don't respond emotionally.
- _____ 20. We know what to do in an emergency.
- _____ 21. We avoid discussing our fears and concerns.
- _____ 22. It is difficult to talk to each other about tender feelings.
- _____ 23. We have trouble meeting our bills.
- _____ 24. After our family tries to solve a problem, we usually discuss whether it worked or not.
- _____ 25. We are too self-centered.

- 1 = Strongly Agree
 2 = Agree
 3 = Disagree
 4 = Strongly Disagree

- _____ 26. We can express feelings to each other.
- _____ 27. We have no clear expectations about toilet habits (personal cleanliness).
- _____ 28. We do not show our love for each other.
- _____ 29. We talk to people directly rather than through go-betweens.
- _____ 30. Each of us has particular duties and responsibilities.
- _____ 31. There are lots of bad feelings in the family.
- _____ 32. We have rules about hitting people.
- _____ 33. We get involved with each other only when something interests us.
- _____ 34. There's little time to explore personal interests.
- _____ 35. We often don't say what we mean.
- _____ 36. We feel accepted for what we are.
- _____ 37. We show interest in each other when we can get something out of it personally.
- _____ 38. We resolve most emotional upsets that come up.
- _____ 39. Tenderness takes second place to other things in our family
- _____ 40. We discuss who is to do household jobs.
- _____ 41. Making decisions is a problem for our family.
- _____ 42. Our family shows interest in each other only when they can get something out of it.
- _____ 43. We are frank (direct) with each other.
- _____ 44. We don't hold to any rules or standards.
- _____ 45. If people are asked to do something, they need reminding.
- _____ 46. We are able to make decisions about how to solve problems.
- _____ 47. If the rules are broken, we don't know what to expect.
- _____ 48. Anything goes in our family.
- _____ 49. We express tenderness.
- _____ 50. We confront problems involving feelings.
- _____ 51. We don't get along well together.
- _____ 52. We don't talk to each other when we are angry.
- _____ 53. We are generally dissatisfied with the family duties assigned to us.
- _____ 54. Even though we mean well, we intrude too much into each others lives.
- _____ 55. There are rules about dangerous situations.
- _____ 56. We confide in each other.
- _____ 57. We cry openly.
- _____ 58. We don't have reasonable transportation.
- _____ 59. When we don't like what someone has done, we tell them.
- _____ 60. We try to think of different ways to solve problems.

SWLS

Below are five statements with which you may agree or disagree. Using the scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item.

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Slight disagree
- 4 = Neither agree nor disagree
- 5 = Slightly agree
- 6 = Agree
- 7 = Strongly agree

- _____ 1. In most ways, my life is close to ideal.
- _____ 2. The conditions of my life are excellent.
- _____ 3. I am satisfied with my life.
- _____ 4. So far, I have gotten the important things I want in life.
- _____ 5. If I could live my life over, I would change almost nothing.

Thank you for completing this survey.

APPENDIX C

FOCUS GROUP QUESTIONS

1. In your opinion, what are important influences on teenage sexual behavior? (Follow-up: What are important influences on contraceptive use?)
2. How do teenager's friends influence sexual behavior? (Follow-up: How do friends influence decisions about condom use?)
3. How do parents of teenagers influence teen sexual behavior? (Follow-up: How do parents influence decisions about condom use?)
4. What should be done to help teenagers reduce risky sexual practices? (Follow-up: What needs to be done to increase condom use among teenagers?)
5. What specific issues should be included in sexuality education for teenagers? (Follow-up: How should this information be presented?)
6. Should parents participate in sexuality education? (Follow-up: How could they be included?)

APPENDIX D

ANNOTATED BIBLIOGRAPHY

Baker, S. A., Thalberg, S. P., & Morrison, D. M. (1988). Parents' behavioral norms as predictors of adolescent sexual activity and contraceptive use. *Adolescence*, *23*, 265-282.

This study examined parental norms and beliefs as predictors of adolescent sexual behavior and contraceptive use. Three hundred twenty nine adolescents and 470 parents (either both parents or one parent) participated in a structured interview. During this interview, parents and adolescents were to fill out questionnaires containing over 500 items. Items for the parents included questions pertaining to; parents approval of child's sexual activity, approval of social activity without adult supervision, tolerance for sexual activities involving adolescents, sexrole beliefs, their reports of premarital sexual activity, and religious involvement. These six variables were used to predict adolescents' sexual behavior, use of contraception at first intercourse, and use of contraception during most recent intercourse. Adolescents were asked questions pertaining to their sexual behaviors and what, if any, contraception they had used. Results showed that father's approval of child's sexuality accounted for 5% and mothers accounted for 4.6% of the variance in adolescent sexual activity. Father's tolerance for sexual activity involving adolescents accounted for 13% of the variance in contraception at first intercourse. Mothers approval of child's sexual activity and approval of social activity without adult supervision together accounted for 33% of the variance in contraceptive use a most recent intercourse. These findings suggest that parents norms and beliefs can have an effect on adolescent sexual activity and contraceptive use.

Benda, B. B., & DiBlasio, F. A., (1991). Comparison of four theories of adolescent sexual exploration. Deviant Behavior, 12, 235-257.

This study examined the effectiveness of four separate theories in explaining adolescent sexual behavior. The four theories examined were social learning, differential association, social control, and containment. Concepts and ideas from each were utilized in this study. Participants included 1,496 high-school students (7-12th grades). Primary measures included the number of times the adolescent had engaged in sexual intercourse and sexual behavior on dates. A total of 16 concepts were taken from the theories and operationalized. A hierarchical regression analysis was performed and the results indicated that 14 of the 16 concepts were associated with adolescent sexual activity. Of the fourteen, eight were more significant. These included; differential peer association, rewards minus costs, reinforcement, sexual beliefs, involvement with drugs or alcohol, parents would be upset, beliefs in parental norms, involvement in school activities, and commitment to college. There were also control variables which were associated with sexual activity. There were age, gender, living with parents, and religiosity. These theoretical concepts accounted for 29% of the variance in adolescent sexual behavior. Taken along with the control variables, the model accounted for 44% of the variance in adolescent sexual behavior. When analyzed by themselves, the theories accounted for much less variance. Differential association accounted for 18%, social learning accounted for 15%, control theory accounted for 13% and containment theory accounted for 1% of the variance in adolescent sexual activity. This suggests that integrative models should be used when studying adolescent sexuality.

DiBlasio, F. A., & Benda, B. B., (1990). Adolescent sexual behavior: Multivariate analysis of a social learning model. Journal of Adolescent Research, 5 (4), 449-466.

In this study 1,610 high school students were surveyed to determine how well social learning theory explained their sexual behaviors. The respondents were surveyed on if and how many times they had engaged in sexual intercourse. Eight concepts were borrowed from social learning theory and were then operationalized. These included: differential peer association, reinforcement balance, overall reinforcement, positive/negative definitions, law-abiding/violating, modeling, parent's reaction, and techniques of neutralization. The results showed that 32% of the respondents reported sexual activity. Of the total sample, 44% of males and 28% of females were sexually active. Differences among age groups were also noted, with older participants being more likely than younger to have had sexual intercourse. The results also showed that all eight of the theoretical variables were associated with sexual frequency reported by the adolescents. Control variables (age, drug use, religiosity, closeness to father/mother, academic performance, and gender) were also related to sexual behavior. The theoretical variables accounted for 40% of the variance in frequency of sexual intercourse. When adding the control variables, the total model was able to account for 42.3% of the variance in frequency of sexual intercourse.

Fisher, T. D. (1989). An extension of the findings of Moore, Peterson, and Furstenberg (1986) regarding family sexual communication and adolescent sexual behavior. Journal of Marriage and the Family, 51, 637-639.

The author of the paper notes the importance of analyzing families according to their liberal or conservative beliefs regarding adolescent sexuality. The author offers data used in

previous studies and reanalyzed in this particular manner. Participants included 217 female and 132 male college students and their parents. After sorting the data gathered in the study (questionnaires and demographics) four groups appeared depending on sex of the child and the parental attitudes. Pearson correlation coefficients were performed on the students' report of sexual communication and whether they had engaged in sexual intercourse. Results were significant only for the female students whose parents had more liberal sexual attitudes. Meaning that female students who talked to their "permissive parents" were more likely to engage in premarital sexual behavior.

When using the same procedure with the parent's report of communication, results were significant for all female students (whether or not their parents were considered liberal or conservative). The author noted that not only is the gender of the adolescent/child, and the attitudes of the parents important, but so is the person who is doing the actual reporting of communication patterns.

Furstenberg, F. F., Jr., Morgan, S. P., Moore, K. A., & Peterson, J. L. (1987). Race differences in the timing of adolescent intercourse. American Sociological Review, 52, 511-518.

The purpose of this study was to determine if there were any differences in the onset of sexual intercourse between African American and white adolescents. The researchers used two waves of a three wave longitudinal study of the National Survey of Children. The first wave of data included 2,300 children aged 7-12 and their parents. The second wave contained a subsample of this sample and included 1,432 children and their parents. The researchers specifically looked at the 468 adolescents between the ages of 15 and 16 and

their answers to the questions of whether they had engaged in sexual intercourse. The results confirm those of others studies that African Americans are four times as likely as Caucasian and males are twice as likely as females to have engaged in sexual intercourse. The authors examined various explanations for these racial differences. They found that mother's education, classroom setting, and peer group were the only three variables to explain the racial differences. African Americans who were in predominately African American classrooms as opposed to African Americans in predominately Caucasian classrooms were more likely to have had engaged in sexual intercourse. Having a mother who did not complete high school doubled the likelihood of African Americans engaging in intercourse. African Americans were more likely to have engaged in intercourse if they had sexually active peers. Variables such as family income, parents' work status, fathers' presence/absence, school performance, educational aspirations, role expectations, and dating patterns were not able to account for racial differences in the onset of adolescent sexual intercourse.

Geasler, M. J., Dannison, L. L., & Edlund, C. J. (1995). Sexuality education of young children: Parental concerns. Family Relations, 44, 184-188.

Focus groups were used in this study to determine concerns parents had regarding the sexuality education of their children. Twenty eight parents of children between birth and five years-old were participants in the study. The researchers identified five themes that emerged as concerns. *Personal Timing Issues* related to the concern parents had with what information to give their children and at what age. *Societal Influences on Timing* dealt with what parents believed were issues (AIDS, movies, etc.) that were forcing them to take on sexuality

education earlier than they would like. The third theme was *comfortable educating own children but not others*. This related to the discomfort parents feel when sexuality issues come up around a child's friend. Parents did not seem willing to educate the child's friend for fear they may offend the child's parent. *Gender role expectations* related to the appropriate behaviors that parents felt their child was or was not engaging in (masturbation, genital stimulation). *Concern with doing better* was the final theme and addressed the desire of parents to be better sexuality educators than their parents were.

Gilmore, S., DeLamater, J., & Wagstaff, D. (1996). Sexual decision making by inner city black adolescent males: A focus group study. Journal of Sex Research, 33, 363-371.

In this study focus groups were conducted with 27 adolescent African American males aged 15-19. The purpose of this study was to evaluate the adolescents' definition of sex, beliefs about their sex partners, and their sexual behaviors. Within each session, the researchers showed the adolescents a video that portrayed African American adolescent males discussing their sexual behavior and condom use. Analysis of the transcripts identified two major themes, beliefs and sexual decision making. Within the theme of beliefs, there were four subthemes that may be associated with the sexual decisions that these young men make. The themes are being a man, good and bad things about sexual intimacy, condom use, and AIDS. The second theme surrounded sexual decision making and what affected these adolescents' decisions to engage in sexual intercourse. These were; good girls, bad girls (the division of types of sex partners these adolescents made), asking for sex (their communication regarding the desire to have sex), "running the game" (controlling the relationship), being "hooked up" (a situation where a young man becomes an unwilling

father), conflicts with other men, sex versus love, and male roles and fatherhood. The adolescents' opinions and beliefs surrounding condom use were mixed.

Goodson, P., Evans, A., & Edmundson, E. (1997). Female adolescents and onset of sexual intercourse: A theory-based review of research from 1984-1994. Journal of Adolescent Health, 21, 147-156.

This study was conducted to examine prior research and the use of theory that drives the research. In this study 49 published studies regarding female adolescent initiation of sexual activity were reviewed. A coding system was developed which used social cognitive theory to review the methodological characteristics of the studies. Included in the coding were concepts such as; biological factors, environment, situation, behavioral capability, expectations, expectancies, self-control, observational learning, reinforcements, self-efficacy, emotional coping responses, and reciprocal determinism. All codes (except biological factors) come from the ideas and concepts of social cognitive theory. Regarding methodology, most studies were cross-sectional (59%) followed by longitudinal (35%) or a combination of both (6%). The majority of these studies (69%) did not use a theoretical framework to base their ideas on. Biological (47%) and environmental (61%) factors were most frequently attributed when explaining female adolescent sexuality. Under reciprocal determinism, church attendance was most often cited. With regard to situation, studies reported that adolescents with best friends who were perceived to be sexually active were more likely to initiate intercourse. Expectancies were noted as permissive attitudes and were positively related to the onset of intercourse. Under the code of expectations, educational and vocational goals were most often referred to. The modeling or observational behavior of a best friend was positively associated with onset of sexual intercourse as reported by these

studies. Finally, behavioral capacity was only represented by the inability to discuss sex which was positively related to sexual intercourse. Overall there was an extremely low use of theory in the research reviewed and the authors note the importance of using theory to base any research on.

Jaccard, J., & Dittus, P. (1993). Parent-adolescent communication about premarital pregnancy. Families in Society, 74, 329-343.

A review of the literature surrounding parent-adolescent communication about pregnancy was presented. Measures used in current and previous research are evaluated and analyzed by the authors. Based on their review, the authors state that conversations are occurring between adolescents and their parents, with 30% to 60% of adolescents having such conversations. The authors note that it is more likely that such communication will occur between the same sexed child and parent. The authors also note the significant gaps in the research. The four main gaps noted follow: 1) few studies focus on the content of sexuality discussions; 2) few studies note the difference between general sex and birth control talks and the avoidance of pregnancy discussions; 3) few studies have tried to determine why a given source is perceived as useful or not; and 4) few studies have looked at why some parents are able to have such discussions with their adolescents when others are not.

Kahlbaugh, P., Lefkowitz, E. S., Valdez, P. & Sigman, M. (1997). The affective nature of mother-adolescent communication concerning sexuality and conflict. Journal of Research on Adolescence, 7 (2), 221-239.

The purpose of this study was to determine the stability of mother-adolescent communication across various topics over time. Topics of conversation included everyday topics, dating and sexuality, and previous conflicts between the individuals. This was a two year longitudinal study where participants were videotaped at two different points in time. At Time 1, thirty-three mothers and their adolescent children were observed. At Time 2, twenty-four mothers and their children participated. The mother-adolescent dyads were instructed to discuss any topic they wanted for ten minutes. This was to be followed by a ten minute discussion of sexuality and dating (by half of the dyads), or a ten minute discussion about previous conflict (by the other half of the dyad). For the remaining 10 minutes the dyads were instructed to move onto the final conversation of either sexuality and dating or previous conflict (dependent on the order of the second discussion). Nonverbal behavior and conversational dominance were also observed by the experimenters. Results indicated that mothers showed more affiliation (smiles, touch, head nod, etc.), whereas adolescents showed more embarrassment and contempt across all topics. There were no significant effects for embarrassment, but for contempt, simple main effects showed that boys had more contempt when discussing dating and sexuality than did girls, and that boys had more contempt during this discussion than during the conflict conversation. With regard to conversational dominance, mothers dominated all topics, especially in the area of sexuality and dating. In general, affiliation, embarrassment, and contempt were found to be relatively stable across time and across topics (excluding the above noted main effects).

Lefkowitz, E. S., Kahlbaugh, P. E., & Sigman, M. (1996). Turn-taking in mother-adolescent conversations about sexuality and conflict. Journal of Youth and Adolescence, 25, 307-321.

This study measured the turn-taking between adolescents and their mothers during conversations surrounding general topics, sexuality and dating, and conflict. Thirty-one mother-adolescent dyads were studied. Participants were asked to talk for ten minutes about a general topic, half of the participants were then asked to discuss sexuality and dating, and the other half was asked to discuss conflict in the home. For the final ten minutes the participants were asked to discuss the remaining topic (sexuality and dating or conflict). The conversations were coded for turn taking by observers (interrater reliabilities of .994 to .998 were reached). The number of total words spoken in each of the three areas, as well as conversational dominance in each area were also measured. Nonverbal affective measures including shame, embarrassment, and contempt and were also observed and recorded. The results indicated that the number of turns was greatest in the general conversation, followed by the sexuality conversation, followed by the conflict conversation. The number of word was also significant with the greatest number of words in the conflict conversation, followed by the general conversation, followed by the sexuality conversation. In each of the topics, mother-daughter dyads had significantly more words spoken than did mother-son dyads. Mothers dominated sexuality conversations most, followed by the general conversations. There was also a main effect of age of adolescent with mothers dominating sexuality conversations more with younger adolescents (11-12) than with older adolescents (13-14). The affiliation of both mother and adolescent showed a positive correlation with the number

of turns taken in the conflict conversation. In all conversations, the adolescent's shame was positively correlated with a higher level of mother's dominance. Mother's spoke almost twice as much as adolescents during the sexuality conversation and only half as much during the general conversation. This suggests the child's discomfort and embarrassment during such discussions with their mothers.

Moore, S. & Rosenthal, D. (1991). Adolescents' perceptions of friends' and parents' attitudes to sex and sexual risk-taking. Journal of Community and Applied Social Psychology, 1, 189-200.

This study examined adolescent's perceptions of parents and peers attitudes concerning risky sexual practices. One thousand eight sexually active college students aged 17-20 were surveyed to determine what they thought their parents and friends would agree or disagree with regarding support of adolescent sexual behavior. The results showed that these students felt that mothers and fathers were more disapproving of sexual activity than were peers. Neither parents nor peers were seen as being active in contraceptive usage or AIDS prevention, although peers were thought of as more likely to do so. Results showed that little discussion took place with parents (especially surrounding AIDS) and that more discussion was likely with peers. A factor analysis of the 16-item scale showed that for mothers' attitudes, the following factors appeared; liberal attitudes toward sex, encouragement of sexual precautions, and discussion of sex. For fathers, the factors that emerged were; liberal attitudes toward sex, discussion of sex, and practical help (buying condoms for the adolescent). Mother's factors accounted for 56% of the variance in mother's sexual attitudes. Father's factors accounted for 57% of the variance in their sexual attitudes. Friends' factors

included four items (liberal attitudes, discussion of precautions, discussions of sex, and practical help) which accounted for 55% of the variance in their sexual attitudes.

Moran, J. R., & Corley, M. D. (1991). Sources of sexual information and sexual attitudes and behaviors of Anglo and Hispanic adolescent males. Adolescence, 26, 857-864.

In this study, adolescent males were studied to determine their sources of sexual information, sexual attitudes, and sexual behavior. The participants in this study included 28 Anglo and 69 Hispanic males aged 15-17. These adolescents were asked to complete a sexuality questionnaire on a volunteer basis. The results indicated that there were no significant differences between the two ethnic groups regarding where they reported learning about sex. Anglo adolescents ranked sex education in school as their primary source (60.7%) followed by friends (57.1%), parents (46.4%), and experimentation (35.7%). Hispanic males reported friends (56.5) as their number one source, followed by experimentation (53.6%), sex education (50.7%), and parents (34.8%). The results showed a significant difference regarding ethnicity and whether respondents wanted to wait until marriage or have sexual intercourse, with Anglos being more likely than Hispanics to respond they wanted to wait. With regard to actual sexual experience, there were no significant ethnic or age differences found. Also, among those who reported sexual activity, there was no ethnic difference with regard to condom use.

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